

1936



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COUNTY BOROUGH OF GATESHEAD

ANNUAL REPORT

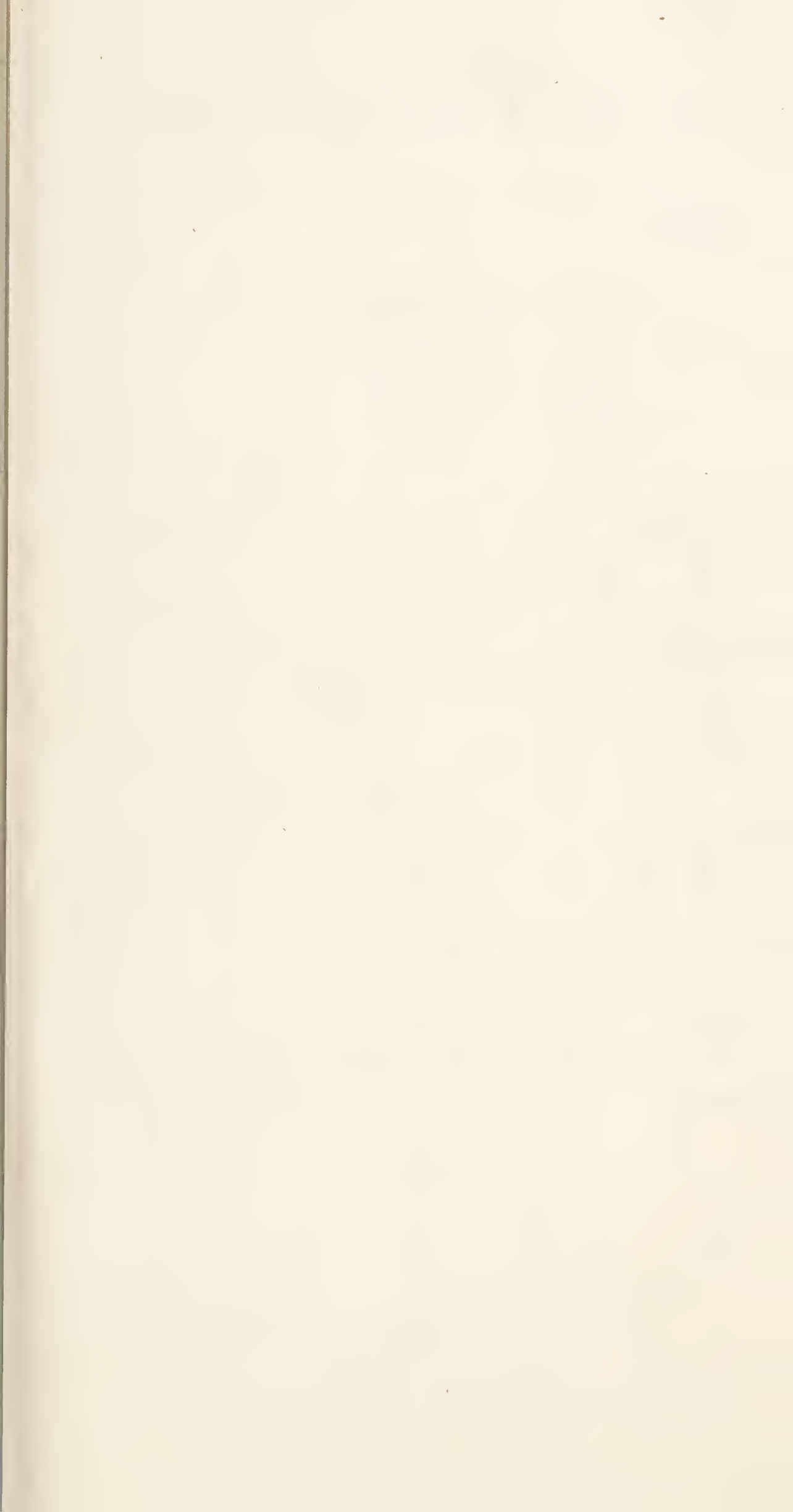
OF THE

Public Health Department

For Year 1936

JAMES GRANT, M.D., Ch.B., D.P.H. (Glasgow)
Medical Officer of Health.

R. W. WILKINSON, *Chief Sanitary Inspector.*



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CONTENTS.

Frontispiece —Map of Borough showing Wards and Institutions	
Constitution of Committees (as on December 31st).....	6
List of Staff	7
Introduction	8
Part I.—Natural and Social Conditions of the Area.	
A. General Remarks	10
B. Historical Notes.....	12
C. Physical Features	15
D. Social Conditions	16
E. General Statistics	18
F. Vital Statistics	18
G. Ward Statistics	23
Part II.—Health Services of the Area.	
A. Hospital Accommodation available for Area.....	25
B. Clinics and Welfare Facilities.....	37
C. Maternity and Child Welfare (by Dr. M. B. Herbst)	
1. Midwives	40
2. Births, Live and Still	41
3. Work of Health Visitors	43
4. Ante-Natal Care	45
5. Maternal Welfare	
(a) Maternal Mortality	49
(b) Puerperal Infection	51
(c) Provision of Midwives	51
(d) Emergency Cases for Doctors and Hospitals....	52
(e) Assistance by Local Authority.....	53
(f) Midwives Act, 1936	54
6. Post-natal Care	58
7. Infantile Mortality	58
8. Child Welfare Centres	62
9. Nursery School	66
10. Provision of Foods	67
11. Infant Life Protection.....	68
12. Ophthalmia Neonatorum	68
13. Hospital Treatment of Children under School Age....	69
D. School Medical Service	71
E. Orthopaedic Services.....	71
F. National Health Insurance	72
G. Public Assistance Medical Service	72
H. Gateshead Dispensary	73

I. Gateshead Public Medical Service.....	74
J. Home Nursing Service	74
K. Ambulance Services	76
L. Laboratory Services	76
M. Mental Deficiency	77
N. Health Education and Propaganda.....	79

Part III.—Sanitary Circumstances of the Area.

A. Water Supply.....	81
B. Sewerage, Drainage and Closet Accommodation	83
C. River Pollution	83
D. Public Cleansing.....	84
E. Swimming Baths	86
F. Report of Chief Sanitary Inspector (by R. W. Wilkinson)	
(1) Inspections and Notices	87
(2) Supervision of Repairs and Improvements.....	89
(3) Reconditioning of Dwelling Houses.....	90
(4) Public Buildings.....	91
(5) Lodging Houses	92
(6) Houses let in Lodgings.....	92
(7) Offensive Trades	92
(8) Bakehouses	93
(9) Shops.....	93
(10) Merchandise Marks Act.....	93
(11) Rats and Mice	93
(12) Verminous Dwellings.....	94
(13) Smoke Abatement.....	94
(14) Visits to Infectious Disease.....	94
(15) Factories and Workshops.....	94

Part IV.—Housing of the Working Classes.

Introduction.	96
A. Slum Clearance	99
B. Overcrowding Survey	100
C. Housing Needs of the Area.....	103
D. Housing Progress since the War	105

Part V.—Supervision of Food.

A. Milk and Dairies	
(1) Registration and Inspection.....	106
(2) Purity of Milk.....	106
(3) Designated Milk.....	107
(4) Report of Veterinary Inspector (T. R. Jarvie) and Inspector under Diseases of Animals Acts (R. W. Wilkinson)	108

B. Inspection of Meat and Other Foods	111
C. Food and Drugs Acts..	114
D. Food Poisoning	115

Part VI.—Prevention and Treatment of Disease.

A. Infectious Diseases	
(1) Notifiable Disease	116
(2) Non-notifiable Disease	119
B. Tuberculosis (by Dr. S. D. Rowlands)	
(1) Statistics of Notifications.....	120
(2) Deaths in 1936	121
(3) Work of Tuberculosis Dispensary	125
(4) Sanatorium Treatment.....	127
(5) Tuberculosis Care Committee	132
(6) Inquiry into Causal Factors of Tuberculosis	132
(7) Annual Returns for Ministry of Health	130
C. Venereal Diseases—Report of Treatment Centre	133
D. Vaccination—Report of Vaccination Officer (T. Middlemast)	135
E. Cancer	135
F. Welfare of the Blind	138

Part VII.—Miscellaneous.

A. Pharmacy and Poisons Act	142
B. Air Raid Precautions.....	142
C. Examinations for Superannuation	142
D. Unification of Local Government on Tyneside	142
E. Burning Pit Heap at Heworth	143

Part VIII.—Municipal Institutions for the Sick.

A. Report of Sheriff Hill Isolation Hospital.....	144
B. Report of Whinney House Tuberculosis Hospital	152
C. Report of High Teams Public Assistance Institution (Hospital Wards)	157

APPENDIX.—Table I. Analysis of Causes of Death 1936....

Table II. Analysis of Deaths by Age, Ward and Season

Table III. Notifications of Infectious Disease

CONSTITUTION OF PUBLIC HEALTH COMMITTEES.

As on 31st December, 1936.

PUBLIC HEALTH COMMITTEE.

Chairman: Alderman P. S. Hancock.

Vice-Chairman: Councillor Mrs. Hall.

The Mayor (ex-officio)	Coun. T. Foster.
Ald. S. A. E. Ellis.	„ Mrs. Gunn.
„ W. Horn.	„ M. Hailes.
„ T. Peacock.	„ N. McCretton.
„ W.J. Pickering.	„ J. McVay.
„ T. Ryan.	„ G. Neilson.
„ W. Tait.	„ J. G. Ortton.
Coun. W. O. Arnold.	„ J. H. Ritson.
„ W. F. Barron.	„ G. Robertson.
„ G. Bennet.	„ E. Scott.
„ C. T. Crankshaw.	„ W. Telford.

Councillor W. Thompson.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

Chairman: Alderman P. S. Hancock.

Vice-Chairman: Councillor Mrs. Hall.

Ald. W. Tait.	Coun. W. F. Barron.
Coun. W. O. Arnold.	„ J. G. Ortton.

Councillor G. Robertson.

Co-opted Members :

Mrs. Bone.	Coun. Miss R. Dodds.
„ M. S. Cheeseright.	Mrs. H. Gray.
Mrs. I. Snowdon.	

HOSPITALS SUB-COMMITTEE.

Chairman: Alderman P. S. Hancock.

Vice-Chairman: Councillor Mrs. Hall.

Ald. W. Horn.	Coun. W. O. Arnold.
„ T. Peacock.	„ W. F. Barron.
„ T. Ryan.	„ T. Foster.
„ W. Tait.	„ G. Robertson.

Councillor W. Telford.

BLIND WELFARE COMMITTEE.

Chairman: Alderman P. S. Hancock.

Vice-Chairman: Councillor Mrs. Hall.

Ald. S. A. E. Ellis.	Coun. C. T. Crankshaw.
„ W. Tait.	„ T. Foster.
Coun. W. O. Arnold.	„ Mrs. Gunn.
„ W. F. Barron.	„ M. Hailes.

Councillor G. Robertson.

Co-opted Member: Mr. R. J. Smith (Home Teaching Society for the Blind).

STAFF

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON, M.D., B.S., D.Hy., D.P.H.
(Durham) D.T.M. (Liverpool), M.S.A. (London), L.M.
(Dublin), F.R.S. (Edin), &c.....(RETIRED 30th
April, 1936.)
JAMES GRANT, M.D., CH.B., D.P.H. (Glasgow)
..... (APPOINTED 1st, May, 1936.)

ASSISTANT MEDICAL OFFICERS OF HEALTH

MARGARET B. HERBST, M.D., B.S., B.Hy., D.P.H., (Durham)
Deputy Medical Officer of Health.
S. D. ROWLANDS, M.D., B.S., B.Hy., D.P.H., Clinical Tuberculosis Officer.
B. SERGEANT, M.B., B.S., B.Hy., D.P.H., Senior Assistant School Medical Officer
and Assistant Tuberculosis Officer
H. J. PETERS, M.B., B.S., B.Hy., D.P.H., Assistant School Medical Officer.
M. DODDS, M.B., B.S., Assistant School Medical Officer.

SCHOOL DENTISTS.

D. SKINNER, L.D.S.,
H. MYERS, L.D.S.

HEALTH VISITORS AND SCHOOL NURSES.

*†F. J. J. Bolland, *†M. McLachlan, *†C. Robson, *†xI. Rouse, *†E.
McHugh, *†S. Frisken, *†I. Paling, *†xC. Moir, *†xM. Atkinson, *†xS. L.
Burnett, *†xN. Denton, *†xD. A. Nairn, *†xM. E. Smith, *†S. W. Phelps
(appointed December, 1936.)
(*State Registered Nurse. †Central Midwives Board Certificate. xHealth
Visitor's Certificate.)

PUBLIC VACCINATORS.

A. MacArthur M.B., Ch.B., S. V. Robinson, L.R.C.P., L.R.C.S., L.R.F.P.S.G.,
W. R. Taylor, M.B., Ch.B., W. J. Walters, B.A., M.R.C.S., L.R.C.P.

VACCINATION OFFICER. T. Middlemast.

CHEIF SANITARY INSPECTOR AND INSPECTOR UNDER DISEASES OF ANIMALS ACTS.

R. W. Wilkinson.

ASSISTANT SANITARY INSPECTORS.

*S. Carter. *†T. Heads. *†O. C. Hogg. *†J. P. Lavender. *†W. A. Mears. *S.
Smith. *†G. Charlton. *G. Neilson.
(*Sanitary Inspector's Certificate R.S.I. †Meat Inspector's Certificate R.S.I.)

VETERINARY OFFICER. (Part Time) T. R. Jarvie, M.R.C.V.S.

PUBLIC ANALYSTS. J. T. Dunn D.Sc., F.I.C. and H.C.L. Bloxam F.I.C.

CLERICAL STAFF. W. Robinson. N. Graig. B. Armatage. T. W. Scurfield. J. McCann.
J. Higgins.
Miss E. Fry, Miss P. Neilson (temporary).

AMBULANCE DRIVERS. W. Barber. E. Littlehales.

PUBLIC ASSISTANCE MEDICAL SERVICE.—(District Medical Officers)

G. Bindman, M.B., B.S., M.R.C.S., L.R.C.P., J. H. Dove, M.B., Ch. B., F.R.C.S., (Edin). W. J.
Walters, B.A., M.R.C.S., L.R.C.P., W. R. Taylor, M.B., Ch.B.

HOSPITALS.

1. SHERIFF HILL INFECTIOUS DISEASES HOSPITAL.

Medical Superintendent James Grant, M.D., D.P.H.
Matron Miss E. H. Wallace.

2. WHINNEY HOUSE TUBERCULOSIS HOSPITAL.

Resident Medical Officer S. D. Rowlands, M.D., D.P.H.,
Matron Miss H. Brotherton.

3. PUBLIC ASSISTANCE INSTITUTION. (Hospital Wards).

Resident Medical Officer ... L. L. Westrope, M.D., (Durham) L.R.C.P., L.R.C.S., (Edin),
L.R.F.P.S., (Glas).

Assistant Resident Medical Officer. ... G. A. Sharpe, M.B., B.S., (Durham).

Superintendent Nurse. Miss E. E. Thirkell.

Consultants. F. C. Pybus, M.B., M.S., F.R.C.S.
W. E. Hume, C.M.G., M.A., M.D., F.R.C.P.

Public Health Department,
Greenesfield House,
Mulgrave Terrace,
Gateshead.

To the Mayor, Aldermen and Councillors
of the County Borough of Gateshead.

I have the honour to present to you my first Annual Report on the health of the Borough, and it would not be uninteresting to record my impressions as a comparative stranger to the area.

In the first place, I must assert my opinion that I am not aware of any area where the people have been affected more severely by economic distress or have suffered longer. The result is to be seen in both public and private impoverishment of the town. All sorts of desirable schemes for the improvement of civic amenities and services have been delayed or drastically pruned due to financial stringency, while a very high percentage of the families of the town suffer the depression of vitality and bitterness of soul that comes from poverty and unemployment. The relief afforded through the Special Areas Legislation has not so far been of much assistance although there is a promise of the dawn of a happier and healthier Gateshead through the local activities of the government in setting up the new trading estate in the Team Valley and assisting in the development of the local hospital services, which are so inadequate.

Much remains to be done in the sphere of housing. Many areas require still to be dealt with, while the rehousing of persons to be displaced from overcrowded houses has not yet made a start.

Next in importance for the health of the community is the provision of adequate hospital accommodation for the infectious and non-infectious sick, so that these can have the advantage of all the resources of modern medical science coupled with skilled nursing in their fight against disabling and fatal diseases.

A word about malnutrition may not be out of place here. In the forms of subnormal nutrition which are dependent on deficient quantity or quality of food, the true remedy is not to be found in supplies of cheap or free milk to the victims, but in the improvement of the financial state of the family. It would seem

much more direct and economical to increase the scales of public relief to families than to continue the multiple inquisitions of income of present practice. That the scales of public relief should not in general exceed the average level of wages may be a sacred principle in politics, but from the point of view of public health and national efficiency, it would surely be preferable to risk an upward trend of wages due to more generous scales of relief than to grade relief scales down from a low level of wages.

In conclusion I must pay tribute to the work of my predecessor, Dr. T. M. Clayton, who served the town as Medical Officer for over thirty years and was responsible for the local application of the great sanitary changes so evident to-day. To him I express my thanks for a kind and courteous introduction to the work of the department.

My appreciation is also due to my deputy, Dr. Herbst, and the entire medical, nursing and clerical staff of the public health service, and to my colleague, Mr. Wilkinson and his staff for their unswerving loyalty and whole-hearted co-operation in the work of communal and social hygiene.

Your obedient servant,

JAMES GRANT,

Medical Officer of Health.

I. Natural and Social Conditions of the Area.

Part I.—NATURAL AND SOCIAL CONDITIONS OF THE BOROUGH.

A. GENERAL REMARKS.

In most areas the wealthy residential parts are to be found in the South and West, and the desirability of the residences therein is to a certain extent gauged by the height above sea level. This preference of situation and height is a reflex of a popular feeling, which is probably correct, that the air from the South West is most likely to be fresh, and over high ground, most likely to be pure.

The industrial part of the Tyne Valley presents an anomalous concentration of the twin bye-products of former industrialisation, poor housing and economic distress, in the South West of the area, which includes Gateshead, and this despite the fact that the town is also the highest part of the whole area. The reason for this is perhaps not difficult to find. One can picture the rapid erection of monotonously similar rows of inartistic houses along the South bank of the river as the factories and shipyards developed a century ago in the Tyne Valley. That the industrial development should have flourished to a greater extent on the North side of the Tyne was an added factor in bringing about a congestion of these streets close to the bridges, which gave ready access to the North side of the river. So Gateshead began, but the further growth and expansion of the town has been to ascend gradually the slopes of the eminence which reaches its highest point at Sheriff Hill.

In more recent years, however, and especially since the war, the remarkable feature of the area has been the growth and development, in accordance with the normal rule, of a residential area in the Southern part of the town—the district of Low Fell. In effect, the later extensions of the Borough have all been in the direction of reclaiming citizens who had overflowed the Southern Boundary. Moreover, the operation of the Housing Acts is rapidly displacing the tenants of houses that have stood for many years on the South Bank of the Tyne, and removing them towards the South East of the town. In the North of the Borough, large areas bordering on the river are thus laid bare for future development.

This change in the disposition of the houses of the Borough means that the centre of gravity, so to speak, has moved within the last few years, almost one mile towards the South, so as to coincide with the geometric centre.

On the West side of the Borough, a small water course, the Team Gut, flows to the Tyne and drains a low lying valley which has remained hitherto entirely undeveloped. Fortunately for the town, which has always been regarded as something of a dormitory town, the Special Areas Commission of the present government has decided to establish that portion of the Team Valley which is within the Borough of Gateshead as the pioneer Government Trading Estate. The Trading Estate with the numerous model factories to be erected thereon, must be the basis of the constructive effort to bring back prosperity to the distressed areas of the North-East.

The effect upon Gateshead of the various changes and movements, which are taking place, is to suggest that in future Gateshead will be much more a community with its own special interests and responsibilities than a town depending so much on the other areas of Tyneside for the employment of its citizens.

The rapid growth of municipal and private housing areas and the setting up of the Trading Estate implies a future shortage of land both for building purposes and for open spaces and playing fields, and it may well be that the Council will require to embark on a policy of further extension towards the South and perhaps also to the East and West.

Since the war, the incidence of unemployment has been a crushing burden on the townspeople of Gateshead, almost half

of the present rate levied being allocated to the support of the workless. The result has been that many schemes for civic betterment and for improved facilities for the townspeople have been postponed or indeed abandoned because of financial stringency. Recent government action in relief of this crushing burden of public assistance coupled with generous assistance from the Special Areas Commission and the prospect of increased exchequer grants has now made feasible the carrying out of this long delayed reconstruction, and the arrival of the Trading Estate in the area enforces the demand that the town should provide adequately for its citizens by way of proper accommodation for the sick and by developing to the full the public health services.

Most of the public health measures proposed for the area are discussed or summarized in the following pages, which include also an account of the various health services set up by the corporation for the people of Gateshead. That the death rate should have fallen in the past, step by step, with the provision of these facilities is only one of the many points one could urge for the necessity of their extension.

B. HISTORICAL NOTES.

Here one would recall to mind the fact that the population of Gateshead grew from 15,177 in 1831 to 48,627 in 1871 and 117,104 in 1911, and that as long ago as 1850, the Mayor and Corporation solicited the help of the government in dealing with the ill-health of the townspeople, as shown by the continuous high death rate of more than 23 per 1,000.

The lack of a system of sewerage and drainage and of a proper water supply with a resultant co-existence of filth and disease were stressed at the enquiry as the principal causes.

The enquiry was held by Sir Robert Rawlinson, and he reported in this strain. The high death rates were limited to certain parts of the town. Cholera raged in these areas in 1832, with at one time, an incidence of 50 cases per day and a mortality of 35 per cent. It returned in 1848 to conclude the ravages of a Typhus Fever outbreak in the two previous years. At this time there was only one sewer of 100 yards long in Bridge Street and there was a small but hopelessly inadequate supply of water from a reservoir at Carr Hill.

A further commission was held in 1854 with reference to cholera in Newcastle and Gateshead, and the foregoing conclusions as to sanitation were confirmed,

In 1848 the first Public Health Act was formulated and it was applied to Gateshead in 1857. In 1855 and 1859, the Gateshead Quay Acts provided for the demolition of large blocks of low-class tenemented property. In 1867, the Gateshead Improvement Act gave powers to enforce the provision of sanitary conveniences to any building, and in 1877 a second Act gave powers to build a fever hospital, which was built in 1880 and still exists.

In 1884 the Local Government Board ordered a special enquiry to be made in consequence of the large number of deaths from fever and smallpox in the town. From the report of this commission it is evident that four-fifths of the townspeople were housed in tenements or flats, while sub-letting of two-apartment houses was rampant. Of over 9,000 inhabited houses, only 2,048 were serviced by water-closets, mostly with D. traps. By far the most common means of disposal of excrement and refuse was the midden privy, of which there were over 7,000 in the Borough. These were emptied by shovelling the contents into the street and thence into a cart for removal to the tipping grounds in the country. Typhus fever, smallpox and enteric fever had all been epidemic from 1881 to 1884.

The conclusions of the Commissioner, Dr. F. W. Barry, were that " While the Sanitary Authority had done good work in providing a public park, in erecting wash houses and providing a fever hospital and finally in securing a fairly efficient system of sewerage and refuse removal, the work which is before it is important and responsible in the extreme. The necessity for the adopting and carrying out of comprehensive schemes for the improvement of dwellings of the labouring classes, the suppression of overcrowding both of houses and persons, and the abolition of the present noxious system of excrement disposal cannot be too strongly pressed upon the attention of the authority."

The commissioner's recommendations included the following :—

- (1) A housing survey of the Borough with subsequent action to remove nuisances, to close cellars occupied as dwellings and to deal with other housing defects under the Public Health Acts of 1875, and the adoption of stringent measures to prevent the emptying of slops and waste water into the streets.
- (2) The installation of water closets, where a sewer and water supply are available, and the abolition of faulty midden privies,

- (3) The ventilation of sewers and trapping of drains and house pipes.
- (4) The provision of an adequate supply of wholesome water for certain districts.
- (5) The construction of a slaughter-house by the local authority, and close attention to existing slaughter-houses causing nuisance.
- (6) The provision of permanent accommodation at the isolation hospital, and of an observation ward and disinfectory.
- (7) The appointment of the Medical Officer of Health wholtime.

It is to be noted that the suppression of overcrowding was only made possible under the Housing Act of 1935, which also provided for a house to house survey of the people and that the complete sewerage of the whole town by water carriage system was carried out finally in the years 1924 to 1927, in which 18,721 privies and pail-closets were converted to water-closets with the aid of grants from the Unemployment Grants Committee.

The successive activities of the Newcastle and Gateshead Water Company have provided an excellent and ample water supply for the Borough. No public slaughter-house has ever been built, while the accommodation at the isolation hospital is at present in course of being extended.

The position so far as the office of the Medical Officer of Health is concerned is worthy of some further notice. The first Medical Officer of Health was Dr. James Ridley who was appointed in 1873 at a salary of £25 for part-time services. In 1880 Dr. Charles Green was appointed part-time Medical Officer of Health at a salary of £120 per annum, and it was he who gave evidence on the health conditions of Gateshead before the 1884 Commission of the Local Government Board. In 1884, in accordance with the recommendation of the Commission, a full time Medical Officer of Health was appointed at a salary of £400 per annum, in the person of Dr. Wm. Robinson who was succeeded by Dr. B. T. Stokoe in 1893. In 1896 the latter resigned and Dr. R. Green was appointed to the post from which he in turn resigned in 1902. Dr. T. M. Clayton, my predecessor, was appointed in 1902 and served the Borough until the beginning of the present year.

During Dr. Clayton's term of office there evolved the great social services connected with public health, and it fell to him to initiate and organise the local schemes for medical inspection and treatment of school children, and for the welfare of children

and expectant mothers. During this time also, tuberculosis began to be dealt with as an infectious disease and the onus of providing treatment was transferred to the local authority.

In the last few years, the passing of the Housing Acts of 1930 and 1935 laid a definite onus on the Medical Officer of Health to deal drastically with environmental hygiene.

The growth in volume of the public health services is indicated by the fact that since the beginning of the century the professional personnel has increased from one doctor to six doctors and fourteen nurses.

C. PHYSICAL FEATURES.

The surface contours of the Borough are best understood by picturing the highest point as being at Sheriff Hill near the junction of the South-Central, East and South Wards, a point over 500 feet above sea level. From this point the land slopes downwards in all directions but somewhat more steeply towards the West and North. Except for the actual bank of the Tyne, the lowest part of the Borough, i.e., the ledge above the bank, is some 60 feet above sea level. West of the Team Valley, the ground again begins to rise to reach a height of roughly 200 feet at the extreme Western boundary. Thus the fourth, fifth, sixth and eighth wards and part of the tenth are all over 250 feet above sea level.

The soil for the most part consists of brown loam with an underlying layer of clay of varying thickness. Under this layer, the regular stratification of the district begins to appear in the form of shale, coal, iron stone, sand stone and lime stone. These seams occasionally outcrop on the surface. The district has been extensively mined and most of the valuable coal has been extracted. The thickness of the layer of clay progressively diminishes as it ascends the higher ground. The clay itself is normally of a yellow or brown hue due to a content of iron.

Although there is no meteorological station within the Borough, the climate of the area can be described as typical of the North-East Coast, dry and cold, and by reason of its height, the district is more inclined to be exposed to strong winds than the rest of the Tyneside area. The prevailing winds are chiefly South-West and North East. On the whole the climatic conditions are not inimical to health.

D. SOCIAL CONDITIONS.

The industries carried on within the Borough are located for the most part in the second, third and fifth wards and include the following—general mechanical, electrical and marine engineering, structural engineering, glass making, rivet nut and bolt manufacture, iron and steel smelting and forging, nail manufacture, coal distillation (with coke manufacturing and the recovery of bye-products), furniture manufacture, printing, jam and preserve making, factory tailoring and factory baking.

Most of the industries mentioned employ male labour, principally resident in the Borough, but a number of workers come from other districts. Female labour is largely employed in the glass works, paper mills, bakery, jam factory and clothing factory.

The ninth ward includes one colliery and the population of the district of Wrekenton in this ward is almost exclusively engaged in coal mining within or without the Borough. A considerable amount of export of coal and coke is carried on at the Dunston Staithes in the third ward.

Many inhabitants of the Borough find employment in Newcastle and other adjoining areas in factories, shops, offices, railways and other occupations similar to those already listed.

None of the occupations within the Borough are dangerous to health, and married women are not employed in industry to any appreciable extent.

UNEMPLOYMENT STATISTICS.

The following figures, kindly supplied by the Manager of the Employment Exchange, summarize the local figures at the end of each of the last six years :—

Wholly Unemployed.

	Dec. 1930	Dec. 1931	Dec. 1932	Dec. 1933	Dec. 1934	Dec. 1935	Dec. 1936
Men	8,091	9,646	10,736	10,137	9,880	9,541	6,028
Women	1,561	1,204	871	898	849	833	697
Boys (under 18)	287	421	424	458	525	208	95
Girls (under 18)	255	281	291	391	474	149	35
	10,194	11,552	12,322	11,884	11,728	10,731	6,855

On Short Time.

Men	1,692	1,248	1,745	1,073	1,139	904	676
Women	379	278	415	265	289	173	322
Boys	138	52	69	30	34	29	14
Girls	41	18	71	52	37	25	50
	2,250	1,596	2,300	1,420	1,499	1,131	1,062

It is gratifying to observe the marked diminution of unemployment during the year. This is due to the increased prosperity of the shipbuilding and heavy metal industries.

STATISTICS OF POOR LAW OUTDOOR RELIEF.

Through the kindness of the Public Assistance Officer, Mr. E. Waton, the following statistics are included, with a comparison of previous years.

	1930	1931	1932	1933	1934	1935	1936
(1) Average weekly number of ordinary "Cases" chargeable.	1,359	1,518	1,559	1,705	1,922	2,172	2,319
(2) Average weekly number of able-bodied "Cases" chargeable	1,252	961	1,479	1,757	1,919	1,726	1,653
(3) Total cost of relief for the year.	£101,585	£92,372	£116,366	£128,016	£144,913	£155,588	£160,452
(4) Number of persons relieved ORDINARY.							
Men	442	662	671	732	847	998	1,075
Women	1,218	1,322	1,341	1,448	1,655	1,888	2,017
Children.....	634	935	913	966	1,111	1,291	1,231
ABLE-BODIED.							
Men	1,183	904	1,397	1,636	1,799	1,623	1,538
Women	1,000	749	1,117	1,258	1,370	1,182	1,107
Children.....	2,235	1,684	2,266	2,665	2,897	2,342	2,045

E. GENERAL STATISTICS OF THE AREA.

Population (Estimated by Registrar-General 1936)....	119,026
Population of Present Borough (Census 1931)	124,506
Area of Borough (in acres)	4,468
Number of Inhabited Houses (Valuation Lists 1936) ...	31,398
(Housing Survey 1936—Separate Families 31181 ; Sublet 718 ; Families Overcrowded 4758)	
Density of Population per acre	26.6
Number of Persons per inhabited House	3.7
Number of Inhabited Houses per acre	7.3
Rateable Value at 1st April, 1936	£545,525
Sum represented by Penny Rate	£2,128
Rate in the £ levied in 1936-1937	15/6d.

F. VITAL STATISTICS FOR 1936.

	Males.	Females.	Total.	Rate
Live Births.				
Legitimate	998	993	1991	
Illegitimate	34	25	59	
Total ...	1032	1018	2050	17.2 per 1000 of population.
Still Births.				
Legitimate	47	51	98	
Illegitimate	4	1	5	
Total ...	51	52	103	47.8 per 1000 total births.
Deaths.	825	753	1578	13.2 per 1000 of population.
Excess of Births over Deaths	207	265	472	
Infantile Mortality.				
Legitimate	96	86	182	91 per 1000 live legitimate births.
Illegitimate	2	3	5	84 per 1000 live illegitimate births.
Total ...	98	89	187	91 per 1000 live births.
Maternal Mortality.				
a. From Sepsis ...		3		1.3 per 1000 total births.
b. From other causes		10		4.6 per 1000 total births.
Total ...		13		6.0 per 1000 total births.
Deaths from Tuberculosis.				
a. Pulmonary	56	48	104	.87 per 1000 of population.
b. Non-Pulmonary	14	16	30	.25 per 1000 of population.
c. All Forms ...	70	64	134	1.12 per 1000 of population.
Deaths from epidemic diseases.				
Scarlet Fever	1	0	1	
Diphtheria	5	3	8	
Measles	15	9	24	
Whooping Cough ...	6	13	19	
Enteric Fever	0	0	0	
Diarrhoea, infantile	16	16	32	
Total Zymotic Deaths	48	44	92	.77 per 1000 of population.
Deaths from Cancer	99	100	199	1.67 per 1000 of population.

Population.

The Registrar General's estimate for the current year would indicate a reduction of population by no less than 5000 persons since the census of 1931, and this despite the fact that births have exceeded deaths by a considerable margin each year. In the last five years, this natural increase of population would have been 3007, and the loss of population represents an emigration to other towns of roughly 8000 persons. The reason for this movement can only be the drift Southwards of industry. In 1932, the L. & N.E.R. locomotive works were moved to Darlington, involving the transfer of many men with their families, while in the first four years of the present decade, the Imperial Chemical Industries moved their local undertakings to Billingham. A further two or three hundred families have also moved to the South under the schemes for industrial transference and sponsored by the Ministry of Labour.

The beginning of commercial resurrection of the Tyne in 1936 has tended to arrest for the moment this movement of the people and it is anticipated that the location of the Trading Estate in Gateshead will further arrest the decline of population and at the very least allow the natural yearly increase to be reflected in the actual population.

An important factor to be considered in the future of the population is the present age-distribution, which when compared with that of the population of 1901 shows a marked diminution of the percentage of the inhabitants in the younger age groups (taking the 5-year periods). The table below shows clearly the effect of the lessening birth and death rates and the increase in the average age of the inhabitants.

Table comparing Age Distribution of Population 1901 and 1931.

Age Groups	CENSUS 1901.			CENSUS 1931.				
	Males	Females	Total	%	Males	Females	Total	%
0-4	7550	7420	14970	13.6	5681	5517	11198	9.1
5-9	6527	6566	13093	11.9	6309	5975	12284	10.0
10-14	6119	6044	12163	11.0	5960	5884	11844	9.6
15-19	5666	5457	11123	10.1	5622	5495	11117	9.0
20-24	5229	5197	10426	9.4	4898	5319	10217	8.3
25-29	4846	4883	9729	8.8	4897	5281	10178	8.3
30-34	4019	4030	8049	7.3	4312	4752	9064	7.4
35-39	3538	3395	6933	6.3	3841	4279	8120	6.6
40-44	3004	2866	5870	5.3	3568	4004	7572	6.1
45-49	2549	2345	4894	4.4	3337	3585	6922	5.6
50-54	2142	1914	4056	3.6	3255	3443	6698	5.4
55-59	1512	1462	2974	2.7	2994	2941	5935	4.8
60-64	1136	1140	2276	2.0	2227	2174	4401	3.5
65-69	703	832	1535	1.3	1513	1672	3185	2.5
70-74	479	520	999	.9	922	1141	2063	1.6
75-79	238	272	510	.4	473	598	1071	.8
80-84	87	138	225	.2	147	269	416	.3
85-89	22	25	47	.04	42	98	140	.1
90-94	4	11	15	.013	4	16	20	.01
95 and over	1	—	1	.009	—	2	2	—
	55371	54517	109888	—	60002	62445	122447	—

The effect of the changing age-distribution will be seen in the necessity to plan accommodation for the aged and senile, and to reconsider the services devoted to the welfare and education of the young.

Many other speculative inferences can be drawn from data such as these, which can easily be made to yield the hypothesis that the virility of the community as expressed in man-power is in decline.

Births.

The total live births in 1936 amount after transfers to 2050, giving a rate of 17.2 per 1000 of population, which is to be compared with a rate of 14.8 for England and Wales and of 14.9 in the County Boroughs. This rate which has diminished steadily for the last sixty years (as shown by the accompanying graph), has not yet shown signs of stabilisation, and is half the rate produced at the beginning of the century. The change in age-distribution of the population already referred to is to a large extent accounted for by this decline, which is registered in spite of a relative increase in number of women of child-bearing age during the last 30 years.

Deaths.

The total deaths in 1936 amounted to 1578, yielding a rate of 13.2 per 1000 as compared with rates of 12.1 for England and Wales and 12.3 for the County Boroughs. This rate would appear to have become more or less stabilised for the last fourteen years, as reference to the attached diagram will clearly demonstrate. The striking fall in the death rate in the last sixty years is clearly shown, and close scrutiny would suggest that, whereas the rate fluctuated on account of peculiar local causes until about the year 1900, during the last thirty-five years the influences bearing on the local death-rate have been national and not local in character. The yearly fluctuations of the local death rate coincide exactly with those of the national rate except in the previous century when local epidemics of fatal disease caused so much anxiety. The beginning of the century also marks a change in the correlation of birth and death rates. It is evident that the death rate fell much quicker than the birth rate during the years 1870-1900 and that the fall in the birth rate has been continuously accelerated since, despite a tendency of the death rate to become stationary.

County Borough of Gateshead

BIRTH RATE per 1,000 population

1871-1936

AVERAGE BIRTH RATES

1871-1880
45.3

1881-1890
38.6

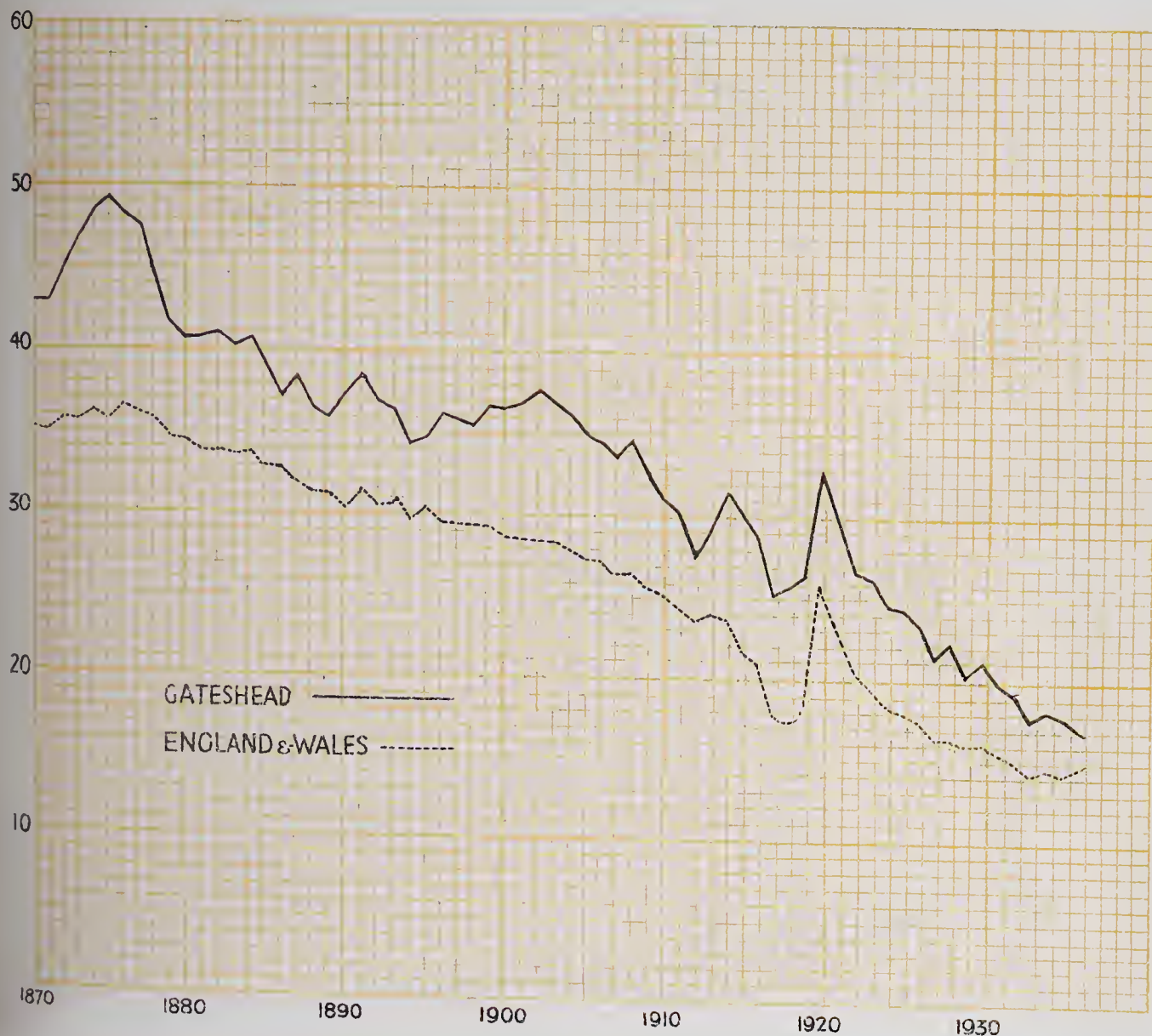
1891-1900
36.0

1901-1910
34.8

1911-1920
28.7

1921-1930
24.0

Rate per
1000



County Borough of
 BIRTH RATE per 1,000
 1871-1934

AVERAGE BIRTH



1911-1934
 SPECIAL WHITE

County Borough of Gateshead

DEATH RATE per 1,000 population

(at all ages and from all causes)

1871-1936

AVERAGE DEATH RATES

1871-1880
26.1

1881-1890
21.3

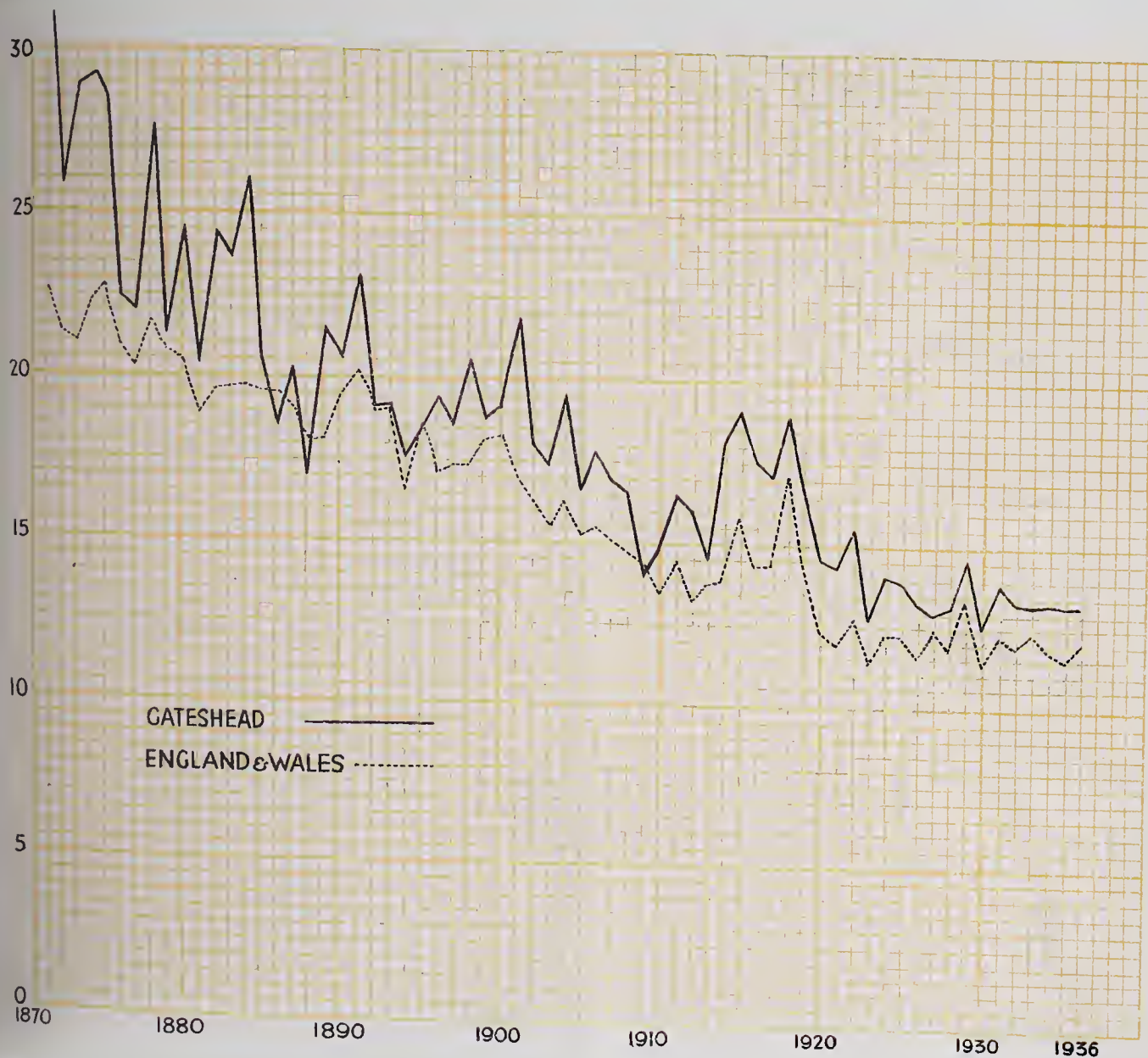
1891-1900
19.4

1901-1910
17.4

1911-1920
16.9

1921-1930
13.7

Rate per
1,000



DEATH RATE per

(per 1,000 live births)

1871-1901

AVERAGE DEATH RATE



A complete analysis of the causes of death during the year classified by age, sex and ward distribution is included in the appendix. Perusal of this table shows the killing diseases to be diseases of the heart and circulation (accounting for 458 or 29% of the total deaths), tuberculosis (accounting for 134 or 8% of the deaths), cancer (accounting for 199 or 12% of the deaths) and pneumonia and other diseases of the lungs (accounting for 191 or 12% of the deaths).

Cardio-vascular disease and cancer are causes operating on individuals in the later years of life, but the chest diseases and tuberculosis affect mainly the young and the middle-aged.

The deaths of infants under one year of age and of adults over the age of 65 years together amounted to no less than 50% of the total deaths.

A gratifying feature in the return is the small part played in the causation of fatality by the notifiable infectious diseases, now mainly treated in hospital. The fatal infections of the present epoch are measles, whooping cough, influenza and pneumonia, the hospital treatment of which is so inadequate.

Further reference to certain aspects of mortality is made in the appropriate sections of this report.

The following tables summarise the principal statistical rates and vital statistics for the last ten years.

Table comparing the principal Statistical Rates for the last 10 years.

	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927
Population	119,026	121,200	123,000	124,320	122,500	123,700	122,600	126,200	123,100	127,400
Birth Rate	17.2	18.1	18.4	18.0	19.3	20.0	21.3	20.4	22.3	21.5
Death Rate	13.2	13.2	13.3	13.2	13.3	13.8	12.6	14.6	13.2	13.0
Infantile Mor- tality Rate	91.	90.	87.	75.	94.	100.	91.	107.	85.	93.
Maternal Death Rate per 1000 total births	6.0	5.6	5.9	3.3	6.0	4.2	7.6	6.1	*	*
Tuberculosis Death Rate	1.12	1.24	1.39	1.37	1.56	1.47	1.41	1.72	1.53	1.55
Zymotic Death Rate	.77	.52	.69	.53	.58	.68	58.	.84	.64	.57
Cancer Death Rate	1.67	1.30	1.43	1.41	1.61	1.18	1.19	1.27	1.37	1.20

* Refers to live births only.

Vital Statistics for the whole district during 1936 and previous years.

Year.	Population estimated to middle of each year.	Births.			Total Deaths Registered in the District.			Transferable Deaths.*		Nett Deaths belonging to the District.			
		Un-corrected Number.	Nett.		Number.	Rate.	Rate.	of Non-residents Registered in the District.	of Residents Registered in the District.	Under 1 year of age.		At all ages.	
			Number.	Rate.						Number.	Rate per 1000 Nett Births.		
													Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13	
1926	127,700	2746	2967	23.2	1580	12.3	83	206	264	88.	1703	13.3	
1927	127,400	2513	2744	21.5	1486	11.6	67	241	257	93.	1660	13.0	
1928	123,100	2502	2752	22.3	1469	11.9	73	237	234	85.	1633	13.2	
1929	122,600	2267	2503	20.4	1634	13.3	93	259	269	107.	1800	14.6	
1930	122,600	2344	2619	21.3	1401	11.4	85	231	240	91.	1547	12.6	
1931	123,700	2238	2480	20.0	1566	12.6	92	235	250	100.	1709	13.8	
1932	122,500	2078	2369	19.3	1527	12.4	101	213	224	94.	1639	13.3	
1933	124,320	1964	2238	18.0	1516	12.1	92	221	170	75.	1645	13.2	
1934	123,000	1965	2264	18.4	1474	11.9	74	245	197	87.	1645	13.3	
1935	121,200	1903	2202	18.1	1410	11.6	70	269	199	90.	1609	13.2	
1936	119,026	1796	2050	17.2	1429	12.0	73	222	187	91.	1578	13.2	

* "Transferable Deaths" are Deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided.

G. WARD STATISTICS.

The boundaries of the ten wards in the town are delineated in the frontispiece map, and the following table gives the principal statistics as compared with the position of overcrowding in each ward :—

WARD.	Housing Conditions				Principal Rates					
	Estimated Population	Total Houses	Overcrowded Houses (fit & unfit)	Percentage of Houses Overcrowded.	Birth Rate	Death Rate	Infantile Mortality	Tuberculosis Death Rate	Zymotic Death Rate	Cancer Death Rate
I. North	9638	2200	487	22	20.6	12.4	125	1.45	.64	1.34
II. North East	10356	1908	736	38	24.3	16.1	119	1.73	1.83	1.35
III. North West	13320	3150	695	22	22.7	14.8	108	1.27	1.50	1.57
IV. Central	11265	2876	255	8	14.1	16.5	104	1.24	.88	2.39
V. East Central	12368	2742	895	32	22.3	17.6	115	1.45	1.21	1.69
VI. South Central	11208	2996	65	2	10.0	10.7	53	1.42	.17	1.60
VII. West Central	10700	2766	198	7	13.6	11.8	54	.65	.37	1.49
VIII. East	14113	3553	399	11	17.5	11.1	72	.77	.70	1.20
IX. South	12412	3435	345	10	15.5	11.3	51	1.12	.32	2.65
X. West	13646	3400	108	3	11.5	10.4	50	.36	.14	1.39
	119026	29026	4183	14.4	17.2	13.2	91	1.12	.77	1.67

In studying the above table, it must be borne in mind that the slum clearance areas are principally in Wards I, II, III, and V and that the new Council Housing Estates have been developed in Wards II, III, VIII and X. Private housing development is mainly in Wards IX and X.

The wards fall rather sharply into two divisions, Wards I to V generally speaking presenting much less favourable statistics than Wards VI to X, with the exception of the cancer death rate. Geographically and statistically therefore the figures would indicate a sharp cleavage in the health conditions of the lower parts of the town as compared with the upper, and this is quite understandable in view of the mode of development of the town outlined in the introduction to the report, whereby the oldest houses in the Borough are mainly to be found in the areas nearest the river. The higher parts of the town, containing half the population, present excellent statistics except in regard to the high fatality caused by cancer in the Low Fell district.

On the whole, in the relatively unhealthy wards, overcrowding is coincident with high infantile, tuberculosis and zymotic death rates, and a high birth-rate goes along with a high death-rate,

but these phenomena are far from absolute, as witnessed by the low death rate in Ward I, in spite of high infantile mortality and tuberculosis death-rates. A high death-rate in Ward IV. accompanies a low birth-rate. Nor is the birth-rate directly linked to the infantile mortality figure as shown by the statistics of the same ward.

Ward IV. stands out along with Ward IX. for specially high cancer death-rates.

From the foregoing it is obvious that no single social feature controls the health of an area, which must be thought of as the resultant of an uneven operation of various factors such as poverty, bad housing conditions, age-distribution of the population, and the type of people resident in the area.

II. Health Services of the Area.

Part II.—HEALTH SERVICES OF THE AREA.

A. HOSPITAL ACCOMMODATION.

Speaking generally the North-East Coast of England is badly off for hospital accommodation, the only institutions where the highest class of specialist, medical, surgical and obstetrical skill can be obtained being situated in Newcastle. The subject was of great importance during the year in Gateshead, as the Council had been under pressure to appropriate the Poor Law Institution, or part of it, for use as a general hospital. For many reasons, chief of which must rank the financial, the Council unanimously decided not to appropriate part of this institution but to explore the possibility of building a new municipal general hospital for the townspeople. In coming to this resolution, the Council decided that the medical officer of health submit a report on the hospital accommodation necessary, with an estimate of the capital cost and the annual maintenance charges thereof. A lengthy report was therefore submitted in September to the Council, and it would be well to summarise the contents here.

A survey of the existing hospital facilities serving the town was made. Where these served the town exclusively, the number of beds was counted as accommodation available, but where the institutions served the Borough in common with other areas, the average daily number of patients in residence on four quarter days was taken as the average number of beds available for the townspeople.

(A) VOLUNTARY HOSPITAL SITUATED WITHIN THE BOROUGH.

GATESHEAD CHILDREN'S HOSPITAL.

Managed by an elected representative Committee, and staffed by eleven local practitioners, this Institution provides roughly 45 beds for the district. Although there is no Resident Medical staff, the hospital provides the following departments :—

Out-Patient Department. Throat and Nose Department.
Ophthalmic Department. Dental Out-Patient Department.
X-ray and Electro therapeutic Department.

The Institution is approved for the treatment of Surgical Tuberculosis in children.

Beds Available. The Institution serves the extra burghal population to the extent of one-fifth, and the 45 beds are allocated as follows :—Surgical Tuberculosis 12, Throat and Nose 6, for general medical and surgical use 27.

Admissions in 1935. Total 1469. Gateshead cases 1199.

Waiting List. Normally about 60.

Relation to Local Authority.

£250 is paid by the Education Committee for the operative treatment of nasopharyngeal disease in school children, and a further donation of £35 is given by the Council.

(B) VOLUNTARY HOSPITALS SITUATED OUTSIDE THE BOROUGH.

These are situated mainly in Newcastle.

ROYAL VICTORIA INFIRMARY, NEWCASTLE.

This Institution, managed by a large Committee with numerous representative sub-committees, and staffed by a large Honorary Staff, composed almost exclusively of Specialists, provides 614 beds for the Tyneside district. Due to persistent overcrowding, the House Committee has given instructions that this number must not be exceeded and that all cases must be referred to the Resident Medical Officers prior to arrangements for admission being made.

There is a pay-bed section of 86 beds and an associated convalescent home, containing 45 beds.

Out-Patient Facilities are provided as follows :—

1. Medical.
2. Surgical.
3. Skin Department (including V.D. Clinic).
4. Throat, Nose and Ear Department.
5. Ophthalmological Department.
6. Gynaecological Department.
7. Radiological Department.
8. Mental Clinic.
9. Orthopaedic and Massage Department.
10. Radium Institute.

The Council gives a donation of £126 per annum to the Institution.

Accommodation.

	Total Beds				Av. daily No. of Gateshead patients				Admissions 1935 from Gateshead			
	M.	F.	Ch.	Total	M.	F.	Ch.	Total	M.	F.	Ch.	Total
Surgical	161	92	33	286	22	12	4	38	517	302	101	920
Medical	100	60	28	188	6	4	1	11	146	107	26	279
Orthopaedic	24	12	12	48	2	1	1	4	50	25	27	102
Throat, Nose and Ear	14	20	4	38	2	2	1	5	19	28	8	55
Eye Disease									29	24	9	62
Skin	14	10	—	24	1	1	—	2	13	13	3	29
Gynaecological	—	30	—	30	—	6	—	6	—	147	—	147
	313	224	77	614	33	26	7	66	774	646	174	1594

Waiting List (in June, 1936)—over 4000 patients, of whom 383 belong to Gateshead.

A scheme for an extension to add 154 extra beds to the Institution is under consideration. Of these 90 will be for surgical cases, 26 for aural cases, 26 for ophthalmic cases and the remainder for skin conditions and observation of patients.

PRINCESS MARY MATERNITY HOSPITAL, NEWCASTLE

Managed by a Committee of Management representative of Local Authorities, Charity Organisations and other interests, and staffed by an Honorary Obstetric Staff of specialist standing, with Resident Medical Officers, this Institution provides roughly 86 beds. It is under agreement with the Gateshead Corporation to reserve 5 beds for Gateshead patients for an annual donation of £500, and it treats on a customer basis cases of Puerperal Pyrexia and Fever from Gateshead.

The accommodation is made up of 72 lying-in-beds, 8 ante-natal beds and six for Puerperal Sepsis.

Out-Patient Department.

- (1) Facilities are available for attending patients in their own homes.
- (2) Baby Clinic.
- (3) Ante-natal Clinic.

Admissions from Gateshead in 1935 numbered 283 ; the average duration of stay was 10 days ; so that roughly 8 beds are constantly utilised by patients from Gateshead.

A scheme is under way for the provision of 160 beds in a hospital to be constructed adjacent to the Royal Victoria Infirmary

THE HOSPITAL FOR SICK CHILDREN, NEWCASTLE.

This Institution, managed by a representative Committee, and staffed by Honorary Visiting Specialists and Resident Medical Officers, provides a hospital of 88 beds with an out-patient department (Fleming Memorial Hospital) and another out-patient department (Lady Armstrong Memorial).

The beds are classified as follows :—

Medical	28
Skin Diseases	2
Surgical	44
Throat and Nose	12
Eye Diseases	2

Accommodation normally used by Gateshead patients (average daily No. 1935).

Acute Medical	1
Acute Surgical	3
Chronic Medical	1
Chronic Surgical	1
Total 6 beds. Admissions 1935—	218.

Waiting List. Gateshead Patients 18 (June, 1936).

No donation is given by the Council to this Institution.

THROAT, NOSE AND EAR HOSPITAL, NEWCASTLE.

Total Beds	35
Average accommodation occupied by Gateshead patients (1935)	2
Total admissions from Gateshead (1935)	127
Gateshead Patients on waiting list (June, 1936)	150
Grant from Council—£10 10s. per annum,	

EYE HOSPITAL, NEWCASTLE.

Total Beds	35
Average accommodation occupied by Gateshead patients	1
Total Admissions from Gateshead (June, 1935)	54
Gateshead patients on waiting list (June, 1936)	15
Grant from Council—£10 10s. per annum.	

THE BABIES' HOSPITAL, WEST PARADE, NEWCASTLE.

Total accommodation	24	Cots
Average accommodation occupied by Gateshead patients	1	
Total admissions from Gateshead (1935)	18	
Gateshead patients on waiting list (June, 1936)	2	
Grant from Council—£50 per annum (approved 1936).		

SANDERSON ORTHOPAEDIC HOSPITAL FOR CHILDREN (Approved School).

Serves the whole North Eastern Area.

Total accommodation	134	beds
Total admissions	91	

No cases admitted in 1935 from Gateshead.

Two cases admitted in 1936 (to July) from Gateshead.

Average stay ($1\frac{3}{4}$ years)

Payment by local authority on customer basis.

STANNINGTON SANATORIUM.

An Institution, the property of the Poor Children's Holiday Association, with a resident medical and visiting specialist staff, provides by agreement 20 beds for the treatment of cases of Tuberculosis sent by the local authority. One third of these may be Surgical Tuberculosis without increase of the standing charge of 39/- per week. These beds are kept fully occupied.

Admissions in 1935 from Gateshead.....	28
--	----

STANHOPE SANATORIUM (Male Children) and WOLSINGHAM SANATORIUM (Females).

These Institutions, the property of the County of Durham Society for the Prevention of Tuberculosis, provides jointly by agreement, eleven beds for male children, twelve beds for females, and 3 for young children, a total of 26 beds, on a customer basis at the rate of 31/6 per week per patient.

Admission from Gateshead (1935)—

Stanhope Sanatorium	15
Wolsingham Sanatorium	27

VARIOUS INSTITUTIONS.

A number of defective children and adults are maintained more or less permanently in Institutions by the Education Committee and the Mental Deficiency Committee of the Council. In 1935 the numbers were:—

(a) Physically Defective School Children.

(1) Cripples	1
(2) Deaf and Dumb	13
(3) Blind	7

(b) Mental Defectives, Epileptics, etc.

(1) School Children in approved Schools	7
(2) Mental Defectives in Institutions outside Borough	91

The cost to the local authority of the last item (b2) is £5,761 per annum.

C. MUNICIPAL INSTITUTIONS BELONGING TO NEWCASTLE.

BARRASFORD SANATORIUM. Total accommodation 92 beds

On the basis of 50/- per bed per week, Gateshead reserves 10 beds for adult males suffering from Tuberculosis.

Admissions in 1935 from Gateshead—27.

WALKERGATE INFECTIOUS DISEASES HOSPITAL, NEWCASTLE.

Total beds 338 (232 for infectious diseases, 106 for tuberculosis).

This institution was used in the past for the treatment of a few cases of infectious disease belonging to Gateshead. With extension of Sheriff Hill Hospital, there will be no need to continue this practice.

NEWCASTLE SMALLPOX HOSPITAL. Total beds—172.

This Institution is available by arrangement to take the smallpox cases from Gateshead in times of epidemics. The Hospital, however, has not so far been used by Gateshead.

NEWCASTLE GENERAL HOSPITAL (Wingrove).

This Institution formerly the Poor Law Institution, is now the Municipal Hospital of Newcastle. Occasionally cases of Phthisis are sent by the Tuberculosis Officer for operation by the specialist in Chest Surgery. Some private patients are also sent by their own practitioners for special operations on the brain, etc. and a few private patients from Gateshead arrange for their confinement in this Institution,

The Joint Scheme for Venereal Diseases in the Tyneside area will be served by a Clinic and wards to be set up shortly in this Hospital. **Total Beds—751.**

Acute Surgical	192
Acute Medical	156
Maternity	12
Chronic Sick	106
Children	97
Venereal.....	6
Surgical Tuberculosis	63
Isolation and Observation	74
Highfield Children's Hospital	45—751
Average Daily Number (1935)	609

D. MUNICIPAL INSTITUTIONS BELONGING TO GATESHEAD.

STANNINGTON MENTAL HOSPITAL.

Total beds available 469.

From the Annual Report of the Medical Superintendent I have extracted the following data. On 1st January, 1935, there were 462 in-patients, of whom 341 belonged to Gateshead, made up of 162 males and 179 females. Roughly 120 patients are sent by other local authorities. The total admissions in 1934 were 81. There is no overcrowding in this Institution.

WHINNEY HOUSE TUBERCULOSIS HOSPITAL.

Actual number of beds	44
Admissions in 1935	124

This hospital is in good structural condition and is at present being extended to give accommodation for 4 more patients and one extra nurse. It is equipped with X-ray apparatus, and is used for pneumo-thorax treatment of in-patients and out-patients. Patients requiring chest surgery, such as thoracoplasty, are sent to Newcastle General Hospital for these operations.

SHERIFF HILL ISOLATION HOSPITAL.

Present number of beds 66 (on the approved basis).

Admissions in 1935 376

Although this Hospital has held as many as 150 patients at times of epidemic prevalence, any increase in the number of patients over 90 would constitute gross overcrowding with consequent dangers to the patients. The staff quarters are hopelessly insufficient and badly arranged, while the ward blocks (3 permanent

and 1 temporary) require complete overhauling and a re-adjustment so as to break the large open wards into smaller units. At present only cases of Scarlet Fever and Diphtheria are admitted in any number.

Plans have been approved for the extension and alteration of this Hospital to give a nominal 90 beds by the addition of two cubicle ward blocks of 12 beds each. In practice there will probably be about 120 beds and there is ample space for further extension up to about 200 beds by building extra pavilions.

With the extended hospital, it will be possible to treat all forms of notifiable infectious disease, including puerperal disease and pneumonia, and complicated cases of measles and whooping cough in children. There is provision for a resident medical officer and accordingly the hospital will become a training school for fever nurses.

HIGH TEAMS PUBLIC ASSISTANCE INSTITUTION.

Built in 1888, the institution served the Gateshead Union until 1929, when it was transferred to the ownership of the Public Assistance Committee of Gateshead Town Council, with the proviso that it should still continue to serve the parts of the County of Durham formerly included in the Gateshead Union. Roughly one quarter of the admissions are from the County of Durham.

The institution is badly situated and is constructed on an unsatisfactory site, so that constant repairs and renewals have to be undertaken to prevent the buildings collapsing. It is also surrounded closely by railway lines.

There are three main portions—5 “Hospital” Blocks, 5 “Schools” Blocks, and 6 “House” Blocks. There is also a small receiving home for children, with 20 beds.

Part of the nurses’ home collapsed, and the casual wards, which had been previously closed, were given to the use of the nursing staff thus displaced from the home.

The institution is approved under the Lunacy Act of 1890 for the reception of certain persons of unsound mind, and is certified under the Mental Deficiency Act for the reception of four male and nineteen female mental defectives.

The total present accommodation of the institution is as follows :—

	Males.	Females.	Children (Cots)	Total pre- sent Accom- modation.
Hospital.....	169	151	47	367
Schools	170	158	—	328
House	161	92	43	296
Quarantine Wards	10	10	—	20
	510	411	90	1011

ACCOMMODATION AVAILABLE FOR THE SICK.

The accommodation for patients as distinct from other inmates amounts to 511 of the total beds, meantime classified as follows :—

	Medical.	Surgical.	Tuberculosis.	Maternity.	Children.	Mental Disorder.	Mental Deficiency.	Mental Decay.
Hospital	148	38	38	12	48	23	49	11
Schools	48	—	12	—	—	—	84	—
Total Sick Accommodation	196	38	50	12	48	23	133	11
Deduct beds reserved for Durham County Council, 25%	49	9	13	3	12	5	33	3
Beds available for Gateshead patients	147	29	37	9	36	18	100	8

In considering the question of appropriation, the figure of £83,962 was given as the cost for refitting the hospitals and schools blocks only and for building a new nurses' home, while an additional amount of £12,700 would be required to improve the condition of the house blocks and provide the staffing accommodation for this portion of the institution. The Ministry of Health officials inspected the institution several times, and as a result, the Minister of Health intimated his agreement with the Council that it would be undesirable to undertake a large scheme of alteration on the present hospital site.

Meantime difficulties in staffing the institution have become acute, and non-resident nurses have had to be employed.

SCHEDULE C. INSTITUTIONAL ACCOMMODATION (BEDS) AVAILABLE (OR IN DAILY USE) FOR GATESHEAD PATIENTS.

Institution.	Infectious Diseases	Tuberculosis	General Medical	General Surgical	Diseases of Children	Throat, Nose & Ear	Eye.	Orthopaedic	Diseases of Women	Maternity	Mental Disorder	Mental Deficiency	Admissions in 1935	No. on Waiting List.
(a) VOLUNTARY HOSPITALS.														
1. Children's Hospital, Gateshead.	—	10*	—	—	22	5	—	—	—	—	—	—	1109	60
2. Royal Victoria Infirmary ...	—	—	13	38	—	3	2	4	6	—	—	—	1594	383
3. Princess Mary Maternity Hospital	—	—	—	—	—	—	—	—	—	8	—	—	283	—
4. Hospital for Sick Children ...	—	—	—	—	6	—	—	—	—	—	—	—	218	18
5. Throat, Nose and Ear Hospital	—	—	—	—	—	2	—	—	—	—	—	—	127	150
6. Eye Hospital ...	—	—	—	—	—	—	1	—	—	—	—	—	54	15
7. Babies' Hospital ...	—	—	—	—	1	—	—	—	—	—	—	—	18	2
8. Sanderson Orthopaedic Hospital ...	—	—	—	—	—	—	—	1	—	—	—	—	—	—
(b) INSTITUTIONS USED ON CUSTOMER BASIS.														
1. Stannington Sanatorium ...	—	20†	—	—	—	—	—	—	—	—	—	—	28	15
2. Stanhope & Wolsingham Sanatoria	—	26	—	—	—	—	—	—	—	—	—	—	42	1
3. Barrasford Sanatorium ...	—	10	—	—	—	—	—	—	—	—	—	—	27	9
4. Various Institutions for Mental Defectives ...	—	—	—	—	—	—	***	—	—	—	—	98	—	—
5. Various Institutions for Physical Defectives ...	—	—	—	—	1	13	7	—	—	—	—	—	—	—
(c) CORPORATION HOSPITALS.														
1. Stannington Mental Hospital	—	—	—	—	—	—	—	—	—	—	350	—	49	—
2. Whinney House Hospital ...	—	44	—	—	—	—	—	—	—	—	—	—	124	7
3. Sheriff Hill Hospital	66	—	—	—	—	—	—	—	—	—	—	—	376	—
4. High Teams Institution ...	—	37	147	29	36	—	—	—	—	9	26	100	850	—
(proportion) ‡													approx.	
TOTAL ...	66	147	160	67	66	23	10	5	6	17	376	198	—	—

* Reserved for Surgical Tuberculosis.
† One third of these beds may be used for Surgical Tuberculosis.
** Deaf and Dumb children in approved Schools.
*** Blind children in approved Schools.
‡ The total accommodation is reduced by one quarter to allow for the accommodation used by Durham County Council.

Total Beds for Infectious Diseases	66
Tuberculosis	147
General Medical and Surgical Disease	293
Specialties	44
Maternity	17
Mental Disorder	376
Mental Defectives	198

THE NEEDS OF THE BOROUGH.

The foregoing summary of the accommodation available for Borough residents, gives no indication of the services which are lacking, and a questionnaire was sent to local medical practitioners who were invited to express their observations on the existing hospital facilities.

The replies can be summarized as follows :—

(1) **Infectious Diseases.** Adequate for Scarlet Fever, Diphtheria and Enteric Fever, but absolutely inadequate for Measles, Whooping Cough, Meningitis and Pneumonia.

(2) **Tuberculosis.** The institutional accommodation adequate, but too long delay in getting admission.

(3) **Maternity.** The accommodation for difficult labour adequate, for normal labour entirely inadequate. Considerable stress laid on the necessity for a Maternity Hospital in Gateshead.

(4) **Throat, Nose and Ear Conditions.** Existing facilities inadequate.

(5) **Eye Diseases.** Accommodation satisfactory.

(6) **Diseases of Women.** Existing provision inadequate.

(7) **Diseases of Children.** Accommodation fairly satisfactory at the moment.

(8) **General, Surgical and Medical Conditions.** Accommodation for acute cases adequate, but for chronic medical and surgical conditions there is a tremendous shortage of accommodation. Non-urgent cases lost many weeks of work waiting operation, and institutional treatment for chronic medical conditions was almost impossible to obtain.

OTHER REMARKS.

The general feeling among practitioners was that the great hospital needs of the area were a fully equipped general hospital with a maternity unit and some provision for the specialities, and secondly, extension of the infectious diseases hospital accommodation so as to give a wider range of service.

FUTURE DEVELOPMENTS OF HOSPITAL ACCOMMODATION.

The following changes in the local hospital accommodation have been planned and approved by the bodies responsible.

(a) **Infectious Diseases.** 24 Cubicle Beds and an Operating Theatre will be added to Sheriff Hill Hospital, while a new Nurses' Home will be constructed.

(b) **Tuberculosis.** Gateshead Borough Council is a partner in the Poole Sanatorium Joint Committee, and 40 beds in the new sanatorium will be available for tuberculous patients from Gateshead.

The accommodation in Whinney House is being increased to 48 beds.

(c) **General Hospital.** An extension of 154 beds is to be made available at the Royal Victoria Infirmary and roughly one tenth of these beds can be considered as available for Gateshead patients.

(d) **Maternity.** A project has been approved for the building of a new hospital for maternity cases, in the grounds of the Royal Victoria Infirmary, Newcastle, which will give 88 extra beds. On a proportional basis, 9 extra beds can be considered as available for Gateshead patients.

The General Hospital Problem in Gateshead.

From the foregoing data it is obvious that the key to the future of hospital accommodation in Gateshead lies in the treatment of the High Teams Public Assistance Institution. The suggestion was put before the Council that the "House" blocks of the institution be left to serve the able-bodied; that either of the two remaining groups of blocks could be devoted to the care of the aged and infirm, leaving the third group as an institution for mental defectives; that the sick proper should be removed from the institution and housed in a new general hospital of some 200 to 250 beds with a maternity unit of 30 beds, to be built on the vacant ground adjoining the Sheriff Hill Hospital.

The question of appropriation of part of the High Teams Public Assistance Institution for use as a Mental Deficiency Institution brought in the Board of Control, and although the plan has been approved in principle by the Town Council, the whole proposal is still under the consideration of the two central authorities, namely, the Ministry of Health and the Board of Control.

With an assumed capital cost of £800 per bed, the estimated cost of a new hospital would vary from £176,000 to £216,000.

On assuming that 75% of this capital cost would be paid by the Special Areas Commissioner, the estimated annual expenditure including loan charges would amount to £30,750, i.e., roughly a 1/2d. to 1/4d. rate levied in the £. This estimate would probably be high in practice, for undoubtedly some saving could be effected on other accounts, according to the treatment of mental defectives, etc.

Whatever form of administrative amalgamation or unification occurs in this area, it is obvious that the area South of the river with a population of nearly 200,000 requires a modern general and fever hospital within the area to serve the people, and this need is particularly urgent meantime in Gateshead.

B. CLINICS AND WELFARE FACILITIES.

At the beginning of the year the following health centres served the area :—

(1) GREENESFIELD HOUSE.

School Clinic.	9 a.m. onwards daily.
Child Welfare Centre.	2 p.m. till 5 p.m.—Tuesday and Thursday. (Medical Session—Tuesday.) Nurses' Session—Thursday.
Ante-Natal Clinic.	2 p.m. till 5 p.m.—Wednesday and Friday.
Tuberculosis Dispensary	9 a.m. till 5 p.m. daily. (Saturday, open till 12 noon only). Also open once per month on Wednesday Evening from 5 p.m. till 6-30 p.m.)
School Dental Clinic.	9 a.m. till 5 p.m. daily (by appointment). Saturday 9 a.m. till 12 noon.
Ophthalmic Clinic.	By special appointment.
Neurological Clinic.	Wednesday afternoon.

(2) BENSAM SETTLEMENT.

Infant Welfare Centre.	2 p.m. till 5 p.m. Tuesday and Thursday. (Medical Session—Thursday. Nurses' Session—Tuesday).
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(3) PRESBYTERIAN CHURCH HALL, LOW FELL.

Infant Welfare Centre. 2 p.m. till 5 p.m.—Wednesday
(Medical Session).

(4) MOORE STREET MISSION.

Infant Welfare Centre. 2 p.m. till 5 p.m.—Monday
(Medical Session).

(5) WREKENTON MINERS' WELFARE HALL.

Ante-Natal Clinic and 9-30 a.m. till 12 noon.—Alternate
Infant Welfare Centre. Thursdays.

(6) NEWCASTLE ROYAL VICTORIA INFIRMARY.**Joint Venereal Diseases Clinic for the Tyneside Area.**

During the year important changes fall to be recorded. Continual overcrowding at the school clinic and welfare centre at Greenesfield House, which is a converted mansion house, led to the planning and approval by the Council of a scheme for the erection of a new building to serve as welfare centre and school clinic, on the triangular piece of ground at the junction of Askew Road and Mulgrave Terrace. By the end of the year, approval of the project by the Government Departments and financial aid from the Special Areas Commissioner had been settled, and tenders were obtained for the erection of a building to meet the needs of the town at a cost of £15,000.

The new clinic is planned in two storeys. The bottom storey, which is at the ground level on the Askew Road side of the site, contains a waiting room, 4 dental treatment rooms and a recovery room together with a store for the large quantities of milk food to be sold on the premises.

The upper storey, which is more or less on the ground level at the Mulgrave Terrace side of the site, provides for a milk store, a large waiting hall capable of holding 250 persons, a weighing room, ante-room, consulting room and toddlers' room for child welfare purposes. Attached to the central hall is the school medical clerks' office and above the dental rooms facing Askew Road there is provided a refraction room, consulting room, minor ailments treatment room and two small waiting rooms. For the joint use of school children and children under 5 years of age,

there is also a sunray treatment room, which will be equipped with 4 ultra-violet ray lamps. Lastly there are 4 rooms for the use of the individual members of the medical staff.

The provision of this health centre will relieve the tremendous overcrowding in Greenesfield House proper, where the health visitors are housed 6 to a room, the sanitary inspectors 7 to a room and various other individual members of the staff try to work, subject to constant interruption and distraction.

The existing school clinic, which is a wooden army hut, first used as a temporary measure in 1935, will remain in reserve for some future adaptation. The new premises are expected to be ready for occupation at the end of 1937.

An additional welfare centre was established at Victoria Road Methodist Hall on Tuesday morning from 10 a.m. till 12 noon, and an additional ante-natal session was held at Greenesfield House on Wednesday forenoons, these additions being directed towards improving the local facilities for Maternity and Child Welfare.

For a long time the arrangement whereby the authorities of the Tyneside area paid for a venereal diseases clinic held at the Royal Victoria Infirmary, under the management of the Infirmary, has not been entirely satisfactory, and during the year, the representatives of Tyneside Local Authorities took steps to set up a new Venereal Diseases Clinic at the Newcastle Wingrove Hospital to serve the Tyneside area (apart from South Shields), and matters were finally adjusted so as to provide for the staffing of this by a whole time Venereal Diseases Officer, orderlies and nurses under the control of a statutory joint committee, which will hold its first meeting in April, 1937.

The Neurological clinic for consultation and after care held tentatively at Greenesfield House by the Medical Superintendent of Stannington Mental Hospital proved to be somewhat unsatisfactory and in July arrangements were made by him to hold the clinic on Tuesdays at 2-30 p.m. in Newcastle at the Royal Victoria Infirmary, where it now functions.

C. MATERNITY AND CHILD WELFARE.

Report by Dr. Margaret B. Herbst.

1. MIDWIVES.

Twenty-three midwives notified their intention to practice midwifery in the Borough. All these are qualified by examination and possess the Certificate of the Central Midwives Board.

On the whole the midwives have carried out their duties efficiently, and have paid close attention to the rules and regulations of the Central Midwives Board.

There was no necessity to proceed against any of them during the year, but warning notices were sent regarding minor deviations from the rules in two cases.

List of Midwives who have notified their intention to practice as Midwives within the Borough.

Name.		Address.	No.
Anderson,	Lily	11, Newton Street.	72,218
Bell,	Dorothy E.	6, Chepstow Gardens	69,702
Brown,	Gladys	141, Rodsley Avenue	82,450
Carroll,	Sarah	22, Earlswood Avenue	54,145
Conner,	Helen S.	28, Denmark Street	58,275
Emerson,	Mary	1, The Drive, Felling	52,138
Exley,	Elsie	62, The Avenue	51,937
Faldon,	Annie W.	215, Sunderland Road	85,921
Fawcett,	Annie	42, Glenbrooke Terrace	67,731
Gibson,	Mary	"Norman Villa" Holmside Avenue, Dunston.	69,981
Hannant,	Sarah	13, Pottersway	79,056
Jobson,	Gladys M.	63, Fourth Street	71,062
Knott,	Jane Annie	7, Southway, Sheriff Hill.	61,410
May,	Wilhelmina	18, Derwentwater Road.	58,007
Ottoway,	Lousia	2, George Street	67,421
Phillipson,	Ellen	"Clencairn", Long Bank, Wrekenton,	72,332
Poole,	Sarah	49, Exeter Street.	76,016
Ross,	E. J.	145, Prince Consort Road	33,182
Smithson,	Henrietta	72, Inskip Terrace	65,996
Steward,	Sybil	40, Cedar Crescent	90,253
Tait,	Sarah Jane	80, Whitehall Road	25,858
Watt,	Annie	18, King George Av., Dunston	63,144
Westerman,	Antonia	414, Sunderland Road.	34,841

Routine visits have been paid to the midwives practising in the Borough and quarterly inspections made of their registers of cases, temperature charts, ante-natal records, bags and appliances.

3 midwives had their bags, appliances and clothing disinfected during the year.

2. BIRTHS.

There were 2,050 live births registered during 1936. This figure excludes 26 babies born in the Borough whose parents belong to other districts, and includes 280 babies born to Gateshead parents in other areas, chiefly in Newcastle Maternity Hospital.

Of the total live births, 1,042 were males, and 1,008 females. This represents a birth rate of 17.2 per 1,000 of the population, showing a decrease of .9 per 1,000 from 1935. Fifty-nine births, (34 males and 25 females) or 2.5 per cent., were illegitimate. The average birth rate for the previous 10 years was 20.2 per thousand.

The following is a summary of the number of live births and birth rate for each ward.

Ward.	No. of Live Births.	Birth Rate.
North	199	20.64
North-East	252	24.33
North West	303	22.74
Central	163	14.11
East Central	277	22.39 .
South Central	113	10.08
West Central	146	13.64
East	247	17.50
South	193	15.54
West	157	11.50

It will be seen that the highest birth rate occurred in the North East Ward, and the lowest in the South Central Ward.

The Birth Rate for the Borough compared with the country generally :

England and Wales	14.8
121 County Boroughs and Great Towns	14.9
140 Smaller Towns	15.0
London	13.6
Gateshead	17.2

Of the 1796 infants born alive and 69 still births registered in the Borough, the midwives were engaged for the birth of 1133 infants, a percentage of 60.7 of the total births ; in 228 of these cases a doctor had been engaged and the midwife acted as a

maternity nurse ; 28 births took place in the High Teams Hospital, attendants from the Princess Mary Maternity Hospital attended 123 births, and doctors were engaged for the remaining 617 births. The following is a summary of the cases where a midwife was in attendance.

Single Cases (Born Alive)	1074
Sets of Twins (Born Alive) 11	22
Set of Twins with a death 1	1—1097

STILLBIRTHS

Single Cases	31
Sets of twins (2)	4
Set of Twins with a death (1)	1 —36

In addition to the 69 stillbirths registered in the Borough, there were registered in other districts 34 stillbirths, which belonged to Gateshead. The total number of stillbirths therefore amounts to 103, 51 males and 52 females. 103 stillbirths were investigated during the year, of this number 56 were at full term, 15 had reached the eighth month, and 32 the seventh month of gestation.

The causes of the stillbirths were :—

	Full Term.	Pre- mature.
1. Complications of Labour.		
Breech Presentation.....	8	4
Transverse „	1	—
Brow „	1	—
Prolonged Labour	9	3
Difficult forceps delivery	7	—
Cord around foetus	3	—
Prolapse of cord	2	—
2. Ante-Partum Haemorrhage.		
Placenta Praevia	2	5
Accidental Haemorrhage.....	2	5
3. Toxaemia of Pregnancy.		
Albuminuria	6	10
Eclampsia	—	—
4. General ill-health	4	1
5. Falls or other accidents	2	5
6. Foetal States.		
Monster	—	4
Twin Pregnancy	2	1
7. Causes unknown	7	9

The following table shows the position in the family of the stillborn child :—

	Cases Full Term	Premature.	Total.
1st child	27	17	44
2nd „	5	4	9
3rd „	3	9	12
4th „	7	4	11
5th „	2	1	3
6th „	6	4	10
7th „	1	1	2
8th „	1	2	3
9th „	—	1	1
10th „	2	1	3
11th „	1	1	2
12th & over	1	2	3
	56	47	103

In 87 cases it was the first stillbirth, in 11 the second and in 5 the third.

In each case the mother was advised that in the event of a subsequent pregnancy, she should seek advice as early as possible, in the hope that by suitable treatment, further stillbirths might be prevented.

The following compares the stillbirth rates in Gateshead with the country generally :—

England and Wales61 per 1,000 of population.

121 County Boroughs and

Great Towns67 „ „ „ „

140 Smaller Towns64 „ „ „ „

London53 „ „ „ „

Gateshead86 „ „ „ „

There is no information as to the number of pregnancies ending in miscarriage.

3. WORK OF HEALTH VISITORS.

Every district in the Borough is visited regularly by the Health Visiting Staff, who call at homes where births have taken place, they also pay routine visits to children up to the age of five years, and special visits to homes where there are such diseases as ophthalmia neonatorum, measles, pneumonia, whooping cough or diarrhoea. Visits are also paid to expectant mothers and to

those homes where a child has recently been discharged from hospital and may require to be followed up to see that treatment and care are continued for as long as it is necessary. The Health Visitors also act as Tuberculosis Nurses and as School Nurses. Much of their time is now taken up with school work which has increased very much during the last three years; there have also been new centres opened for infant welfare work, and additional sessions have been started for ante-natal work, all of which take up time which used to be devoted to home visiting, but there has not been any adequate increase in the number of the health visiting staff; hence the visiting of the pre-school child has suffered.

As it is during this pre-school period that many ailments are liable to commence, and the child's health is apt to deteriorate rapidly if adequate care and attention are not given to it; it is unfortunate that more time cannot be devoted to these children. If they could have the attention necessary to detect defects, and prompt treatment before school age, there would be much less disease and defect found among the entrants at school.

SUMMARY OF HOME VISITS.

Infants.

Born at full term	1948
Prematurely	102
—	—
	2050
—	—

At Six Months.

Breast fed	736 (52%)
Partially breast fed	148 (10.5%)
Artificially fed	532 (37.5%)

Visits to Infants under 1 year :—

First visits after notification	2072
No. of re-visits	7013
	—

No. of stillbirths visited 103

Visits to children 1-5 years 12361

Visits to Expectant Mothers :—

First Visits	365
No. of re-visits	55
	—

Miscellaneous Visits.	1st visits	Revisits	Total
Puerperal Disease	8	16	24
Ophthalmia Neonatorum	10	89	99
Measles	121	—	121
Whooping Cough	127	—	127
Pneumonia	94	47	141
Erysipelas	3	—	3
Anterior Poliomyelitis	1	2	3
Diarrhoea (Infantile)	34	—	34
Visits to Midwives	—	—	117
Visits to Cases of Tuberculosis	290	2210	2500

The total number of visits paid by Health Visitors during the year was 25,046.

4. ANTE-NATAL CARE.

Ante-Natal Clinics have been held at Greenesfield House on Wednesday and Friday afternoons throughout the year. During the last few months of 1935, the work of the ante-natal clinics became so much increased that it was necessary to start another session at the beginning of the year. However, the commencement of the assisted midwifery scheme in the Borough in December 1935, together with the supply of free milk and other foods from the Birthday Trust Fund in April 1936, so increased the attendances, that during December 1936 a third session had to be commenced on Wednesday mornings at Greenesfield House.

During the year 104 sessions were held, 921 mothers attended, and made a total of 2,339 attendances. The average attendance per session was 22.49.

Of the 921 women who attended the clinic the following are the particulars :—

631 live births including 5 pairs of live twins and 1 twin where the other was stillborn.

29 stillbirths including 1 pair of twins and 1 twin where the other was alive.

17 miscarriages.

18 left the district.

25 not pregnant.

The remainder were undelivered at the end of 1936,

The following conditions were noted :—

Ante-partum Haemorrhage	4
Abnormal Presentation	10
Slightly contracted Pelvis	7
Vaginal Discharge	12
Vomiting	27
Albuminuria	12
Varicose Veins	90
Oedema	10
Constipation	126
Anaemia	21
Bronchitis	32
Asthma	2
Pulmonary Tuberculosis	3
Cardiac Disease.....	20
Venereal Disease	2
Spinal Curvature	1
Edentulous	8
Dental Caries	
(5 or more bad teeth)	226
Pyorrhoea	8
Laryngitis	3
Epilepsy	2
Scabies	2
Nutrition (Bad)	54
Sub-normal nutrition	247

11 mothers were advised to consult their own doctors, and 13 were sent to the Princess Mary Maternity Hospital.

The findings on nutrition and dental caries both require special mention.

The nutrition was found to be of a lower standard than in previous years; there were two factors contributing to this, first, the commencement of the assisted midwifery scheme encouraged a large number of much poorer women to attend the clinic than had done so formerly; secondly the foodstuffs supplied by the Birthday Trust Fund, which were only for distribution among the unemployed, also attracted the same type of mother and in much larger numbers. The mothers were found to benefit very much from this food.

The state of the teeth among these women was appalling. As shown in the table, 226 mothers had five or more decayed teeth, while a hundred more had one or more decayed teeth; several were suffering from diseased gums, and this, at the time when a young life depended upon the purity of the maternal blood for its wellbeing. At present there is no scheme by which the mothers can have any dental treatment; but it is hoped that this will be arranged in our new premises which will be opened in 1937. The majority of the women requiring treatment

are practically entirely dependent upon unemployed benefit so that they would be quite unable to make any payment for the treatment.

Another pressing need is for a maternity hospital or maternity unit attached to a general hospital, where there could be an adequate number of ante-natal beds, and a specialist ante-natal clinic, to which special cases could be referred, both from the municipal ante-natal clinics and from the general practitioners. Although ante-natal supervision cannot ensure a normal confinement in every case, thorough investigation will detect conditions which require special treatment. To ensure that the investigations can be thorough, the patient must be prepared to attend regularly at stated times (many mothers still do not see the necessity for regular care). As it will be part of the municipal midwives' duties to see that their patients keep their appointments for ante-natal care, there should be a considerable improvement in this direction next year. It is only by the detection and appropriate treatment of defective conditions that the mother and child can be safeguarded.

WREKENTON ANTE-NATAL CLINIC.

An ante-natal clinic is held at Wrekenton on alternate Thursday mornings in conjunction with the infant welfare consultations.

In all 26 clinics were held ; 26 mothers attended and made a total of 76 attendances.

The following conditions were noted :—

Ante-Partum Haemorrhage	1
Vomiting	1
Varicose Veins	1
Constipation	6
Anaemia	2
Bronchitis	1
Dental Caries .....(5 or more bad teeth)	5
Dental Caries .....(less than 5 bad teeth) ...	3
Sub-normal nutrition	12
Not pregnant	1

Of the 26 mothers who attended the clinic the following are the particulars :—

- 13 Live births.
- 1 Stillbirth.
- 2 Abortions.
- 1 Removed from the district.
- 8 Undelivered at the end of the year,
- 1 Not pregnant,

The mothers attending this clinic also participated in the gifts distributed from the Birthday Trust Fund.

Birthday Trust Fund and Samaritan Fund.

During March of this year a letter was received from the Birthday Trust Fund offering a supply of free foodstuffs for distribution among the expectant mothers whose husbands were unemployed. This offer was very gladly accepted as the prolonged period of unemployment has caused a progressive deterioration in the physique of the mothers.

The grant from the fund consisted of 298 gifts per month to be distributed to 149 mothers, once per fortnight during the 10 weeks preceding confinement and for 3 weeks afterwards.

The gifts are :—

1 lb. tins of Dried Milk.

$\frac{1}{2}$ lb. tins of Ovaltine.

$\frac{1}{4}$ lb. tins of Marmite.

After a visit from one of the representatives of the Fund, the gift was increased by a grant of 138 similar gifts from the Samaritan Fund.

The previous grant had only to be used during the times stated; the grant from the Samaritan Fund, however, could be dispensed at the discretion of the medical officer of the ante-natal clinics, it having been pointed out to the representative that although the food once a fortnight was exceedingly helpful, it was rather inadequate for the needs of some of the mothers.

This food has been a great help and has been a tremendous benefit to the mothers who have had it. The results have been exceedingly good as shown by the following figures.

Birthday Trust Fund Foodstuffs.

The distribution began on 27th April, 1936 and 563 mothers received it.
 No. of Neo-natal Deaths after that date in the Borough 58
 No. of Neo-natal Deaths among infants of mothers receiving gifts 8
 (1 only received food once before the birth).

Causes of Death amongst the eight.

Premature births 4 (one was a tuberculous mother)	Infantile cachexia-Difficult birth 1
	Asphyxia Pallida.
Congenital Heart Disease ... 1	Ante-Partum Haemorrhage
	Placenta Praevia 1
Convulsions : Parotitis 1	
No. of Stillbirths (after 27/4/36)	66
No. of Stillbirths in Borough among infants of mothers receiving gifts.	15 (10 Multiparae) (5 Primiparae)

Causes of Stillbirth.

Multiparae :

Nil definite.....	3 (One received food weekly)
Prolonged Labour.....	3
Albuminuria	1
Accident	1
Macerated Premature Albuminuria	1 (Received food weekly)
Premature	1
Ante-Partum Haemorrhage	
	<hr/> 10

Primiparae :

Prolonged Labour.....	3
Macerated, Ante-Partum Haemorrhage.....	1
Caesarean Section (booked case)	1
	<hr/> 5

Mothers who received food weekly were in a very poor state of health.

Puerperal Pyrexia and Sepsis.

In town as a whole after 27/4/36	Pyrexia	5
	Sepsis	3
		<hr/> 8

Birthday Trust Mothers..... Pyrexia 1 Was in hospital 10 days : recovered.

Maternal Deaths.

In Borough13
Among Birthday Trust Mothers 3

Causes :

- 1 Post-partum Haemorrhage
- 2 Acute Lobar Pneumonia :
Confinement.
- 3 Ruptured Uterus:Confinement.

5. MATERNAL WELFARE.

a. MATERNAL MORTALITY.

During the year 13 women died from conditions associated with pregnancy and parturition. This was the same number as last year.

There were also 4 deaths among women who died from intercurrent disease of long standing ; the strain of pregnancy, although not the actual cause of death, probably brought about the final breakdown in these cases.

Ages.

20-25 years	3
25-30 years	4
30-35 years	2
35-40 years	2
40-45 years	1
45-50 years	1

7 died at the Princess Mary Lying-In Hospital, Newcastle.

2 died at the High Teams Hospital, Gateshead.

1 died at the General Hospital, Newcastle.

1 died at a Private Hospital.

2 died at home.

The causes certified were :—

(1) Puerperal Sepsis 3

Exhaustion following puerperal sepsis and puerperal insanity ... 1.

Septicaemia : Phlegmasia Alba Dolens : Parturition 1.

Heart Failure and Pneumonia : Uterine, vaginal and perineal
Sepsis : Post Parturition..... 1.

(II) Obstetric Shock 3

Obstetric shock, Parturition, Caesarean Section, Primipara,
stillbirth 1.

Obstetric shock, Retained Placenta, Parturition 1.

Obstetric shock, following Parturition (Twins) 1.

(III) Haemorrhage 2

Syncope, Post Partum Haemorrhage : Miscarriage..... 1.

Post-partum Haemorrhage 1.

(IV) Toxaemia 4

Eclampsia 3.

Chorea—Toxaemia of Pregnancy 1.

(V) Injury	1
Ruptured Uterus—Confinement	1.

A survey of the causes of death shows that some are preventable provided that the mothers exercise the care which is necessary and make full use of the knowledge, skill and equipment which are available to them during pregnancy. Many mothers now look upon ante-natal supervision as a necessary safeguard to their well-being during pregnancy and parturition, but there are still some who do not take the trouble to have regular supervision. The proportion of deaths due to puerperal sepsis is still high ; it is interesting to note that there were no deaths from this cause among mothers who received the additional nourishment from the Birthday Trust Fund.

b. PUERPERAL INFECTION.

The following is an analysis of the cases notified under the regulations :—

Case No.	Attendance.	Removed to Hospital.	End Result.	Remarks.
1	Doctor	No	Recovered	Toxaemia
2	Doctor	No	„	„
3	Doctor	No	„	Pyrexia and Malaria
4	Ext. Mat. Hospital Case	Yes	„	Pyrexia
5	Doctor	No	„	Toxaemia
6	Ext. Mat. Hospital Case.	Yes	„	Pyrexia
7	Maternity Hospital	Yes	Died	Sepsis
8	Midwife & Doctor	Yes	„	Sepsis
9	Doctor	Yes	„	Sepsis Following abortion
10	Doctor	Yes	Recovered	„
11	Midwife & Doctor Consultant	No	„	Pyrexia

c. PROVISION OF MIDWIVES.

In December, 1935, the Council adopted an assisted midwifery scheme, whereby the midwife's fee is paid by the Local Authority in any case where the family income falls below a certain scale. It had been found that so many people were not receiving Maternity Benefit that it was exceedingly difficult for them to pay the necessary fee.

The scale adopted was given in the report for last year.

In September of this year a new scale was adopted and is given below :—

No. of family including parents.	INCOME SCALE	
	Amount per head after deducting rent.	
	No. 1	No. 2
2	12/-	13/6
3	8/6	10/-
4	7/3	8/9
5	6/6	8/-
6 or more	6/-	7/6

Where the income does not exceed No. 1 a full fee of £1 1s. 0d. is paid by the Local Authority to the midwife for attendance in labour and the puerperium, and where the income exceeds No. 1 and does not exceed No. 2, one-half of the fee (10/6d.) is paid, the midwife having to collect the remainder of her fee from the patient. A special fee of 12/6d. is allowed to the midwife for attendance at a case of miscarriage. A fee of 10/6d. is paid to a midwife whose case, after summoning medical aid, has to be removed to Hospital. All these fees only apply to people not in receipt of Maternity Benefit. This service was very popular and by the end of the year 217 applications had been received. Of these 217, assistance was granted in 180 cases as follows :—

£1 1s. 0d. fee was granted in 142 cases.

10/6d. „ „ „ „ „ 37 „

10/6d. „ „ „ „ „ 1 case, when the case was sent to Hospital

This scheme will end on August 1st, 1937, when the Municipal Midwives commence duties under the Midwives Act of 1936.

d. EMERGENCY CASES.

Treated by Doctors under Midwives Act.

In 107 cases, where a doctor was not previously engaged, medical aid was called by the midwife for the mother, infant or both. In 80 instances, the medical aid was for the mother for the following emergencies :—

Malpresentation	8
Uterine Inertia	18
Obstructed Labour	6
Ante-partum Haemorrhage	9
Adherent Placenta	2
Ruptured Perineum.....	6
Rise of Temperature	6
Oedema of Cervix.....	2
Fits	3
Prolapse of Cervix.....	1
Hydramnios	1
Post-Partum Haemorrhage	6
Cord Presentation	1
Eclampsia	2
Sudden Collapse	3
Dropsy	1
Hysteria	1
Rigid Perineum	1
Sudden Illness	1
Swelling of abdomen	1
Abdominal pain	1

In 27 instances the medical aid was for the infant :—

Congenital debility and prematurity	16
Inflamed or discharging eyes	2
Convulsions	3
Asphyxia	1
Skin Eruption	1
Hare lip and cleft palate	1
Obstruction of bowels.....	1
Umbilical Haemorrhage	1
Abscess behind ear	1

16 Emergency cases were sent to Hospital by the doctors.

Hospital Accommodation for Maternity Cases.

The Local Authority pays for the use of 5 beds in the Princess Mary Maternity Hospital, Newcastle. During the year these were used by 237 Gateshead cases.

There are also 12 beds in the Maternity Ward of the High Teams Hospital : during the year there were 28 births in this institution.

Maternity Provision for Unmarried Mothers.

Cases of this type are admitted to the High Teams Institution provided by the Gateshead Public Assistance Committee. A few cases go to the Hostel for unmarried mothers, Newcastle.

e. Assistance by Local Authority.

Consultant Service.

In order to assist in the reduction of Maternal Mortality arrangements are in operation for the calling in of a consultant obstetrician by the medical practitioner for certain cases :—

- (1) All cases of Puerperal Pyrexia or Puerperal Sepsis.
- (2) Any obstetric emergency in a patient who is unable to pay a consultant's fee.

The consultants available are :—

Dr. Ranken Lyle, Newcastle.

Dr. Farquhar Murray, Newcastle.

Mr. Harvey Evers, Newcastle.

Mr. F. E. Stabler, Newcastle.

Midwifery Outfits.

Midwifery outfits containing everything necessary for both mother and infant are loaned out from the ante-natal clinic. During the year fifty-two patients availed themselves of these outfits.

f. MIDWIVES ACT, 1936.

In a further effort to reduce Maternal Mortality this Act came into being. The findings of the Special Departmental Committee on Maternal Mortality and Morbidity go to show that an efficient service of salaried midwives would materially improve the maternity service.

Experience has shown that a well organised midwifery service brings about a reduction in maternal mortality; the number of deaths among mothers attended by the nurse midwives employed by nursing associations is about two per 1,000 births—about half of the national rate.

The Act provides for the employment either directly by the Local Authority or indirectly by agreement with a voluntary association or by a combination of the two, of an adequate number of whole time certified midwives, who shall be available to attend women of the area in childbirth, as midwives when acting alone, or as maternity nurses, when under the supervision of a doctor.

The proposals of the Local Authority had to be submitted to the Minister before 30th January, 1937, and the doctors, midwives and voluntary association were consulted as to the proposals by reference to the local organisations which represent them.

Power is given in the Act to compensate midwives, who, voluntarily surrender their certificates or who are required by the Local Authority to surrender their certificates. An important

section of the Act prohibits any person, being neither a certified midwife nor a trained nurse from attending women in childbirth or during the lying-in period, in an area where an adequate service has been provided.

The following proposals were recommended and submitted to the Ministry of Health.

1. That arrangements be made for the services of 14 midwives.
2. That each Municipal Midwife be expected to attend 100 confinements per annum.
3. That no steps be taken to interfere with the Princess Mary Maternity Hospital Service of pupil midwives, which will continue as before.
4. That 9 midwives be appointed to serve directly under the Council and the remaining 5 be provided by the Nursing Association.
5. That the Municipal Midwives be paid a salary of £200 per annum plus £10 per annum to cover the cost of uniform and laundry.
6. That payment be made to the Nursing Association in respect of the Midwives supplied by them, on the basis of £200 per annum per midwife with £10 each per annum uniform allowance, and an additional sum of £50 per annum to cover administrative costs and the cost of materials used in nursing.
7. That the fees be payable to the Corporation in respect of Midwives' Services be as follows :—
 - (a) For the service of a Municipal Midwife throughout pregnancy, labour and the lying-in period, £2 0s. 0d.
 - (b) For the service of a Municipal Midwife acting as a Maternity Nurse, £1 10s. 0d.

These fees may be modified according to an income scale for necessitous cases.

8. That the fees for the services of the midwives employed by the Nursing Association be collected and retained by the Corporation.
9. That the entire service of Municipal Midwives including the Nursing Association Midwives, be operated from a central office at Greenesfield House, and that the supervision of Municipal and independent Midwives be carried out in future by the Maternity and Child Welfare Officer, subject to the general direction of the Medical Officer of Health.
10. That a telephone be installed at the house of each Municipal Midwife, and the rental paid by the Corporation.
11. That each Municipal Midwife be supplied with such equipment for the use of patients as the Medical Officer of Health may deem necessary.

The following is the scale of reduced fees, chargeable under this scheme.

MIDWIVES ACT, 1936.

SCHEDULE OF MODIFIED FEES PAYABLE IN CERTAIN CASES.

Income Scales (after deducting rent paid and neglecting the expected or newly born infant).

No. in family	Income per head.			
	Scale 0	Scale 1	Scale 2	Scale 3
2	16 /6d.	15 /-d.	13 /6d.	12 /-d.
3	13 /-d.	11 /6d.	10 /-d.	8 /6d.
4	11 /9d.	10 /3d.	8 /9d.	7 /3d.
5	11 /-d.	9 /6d.	8 /-d.	6 /6d.
6 and over	10 /6d.	9 /-d.	7 /6d.	6 /-d.

1. FEES FOR MIDWIFE.

Class A. No maternity benefit payable. (Applicants to produce certificates).

Income over Scale 0 charge.....	£2 for midwife
Income Scale 0 or below, but above Scale 1 charge	£1 for midwife
„ „ 1 „ „ „ 2 „	10/- „
„ „ 2 „ „ „ 3 „	5/- „
Income Scale 3 or below	No charge.

Class B. One maternity benefit (£2).

Income Over Scale 0 charge	£2 for midwife
Income Scale 0 or below, but above Scale 1 charge	£2 „ „
„ „ 1 „ „ „ 2 „	£1 10s. „
„ „ 2 „ „ „ 3 „	£1 5s. „ „
Income Scale 3 or below charge	£1 „ „

Class C. Two maternity benefits payable (£4).

Full fee of £2 payable whatever the income.

II. FEES FOR MATERNITY NURSE.

Class A.—As for midwife.

Class B.—Deduct 10/- from fee shown for midwife.

Note. 1. If applicant willing to pay full fee, no income test to be applied.

2. If applicant refuses to disclose income, full fee to be charged.

3. When doctors have been called in emergencies by municipal midwives, the fees payable by the local authority and recoverable from the patients to be considered by the Special Sub-committee as already decided.

4. In cases where exceptional circumstances arise, e.g., chronic illness in the family, the special Sub-committee to have powers to modify the charges.

5. The scales 2 and 3 are identical with the scales applied for the assisted milk supply.

6. POST NATAL CARE.

At present there is no clinic for post natal work ; a few women attend the ante-natal clinic for a post-natal examination ; as the ante-natal clinics are already overcrowded, this work cannot be encouraged. It is hoped that with the commencement of the Municipal Midwives' Scheme, it will be possible to rearrange the work so that a post-natal clinic can be commenced.

7. INFANTILE MORTALITY.

There were 187 deaths under one year of age, giving an infantile mortality rate of 91.0 per 1,000 live births, and showing an increase of 1 per 1,000 as compared with last year.

It is disappointing to have to record an increase in the infant mortality rate ; but a study of the figures will show that the increase is largely in the group over one month and is due to infectious diseases, namely, measles, whooping cough and pneumonia. There was a very serious outbreak of measles and whooping cough during the first three months of the year, and a very large number of infants' deaths occurred during that period. For the first time for some years, the neo-natal deaths are less than those of the children over one month. It is possible that this is due to the extra ante-natal care given to those who attended in order to participate in the foodstuffs given by the Birthday Trust.

Under one month there were 93 deaths as against 109 last year. Of these 71 or 76.3 per cent were due to premature birth, injury at birth and congenital conditions. Prematurity played a large part in the production of deaths of infants under one month. Of the 93 deaths, 35 were due to prematurity and of these 23 died during the first week of life.

The results obtained among the mothers who have benefited by the Birthday Trust Fund are very encouraging. It was seen that the neo-natal deaths were very much less than among mothers who had not been able to avail themselves of the privilege.

It would appear that the way to reduce the deaths among the infants under one month is in the education and care of the mother during pregnancy and parturition, together with the provision of adequate nourishment for the expectant mother. As regards the deaths among children over one month, it is seen that the majority of the deaths were due to infectious and respiratory disease.

County Borough of Gateshead

INFANTILE MORTALITY per 1,000 live births

1871-1936

AVERAGE INFANTILE MORTALITY RATES

1871-1880
172

1881-1890
161

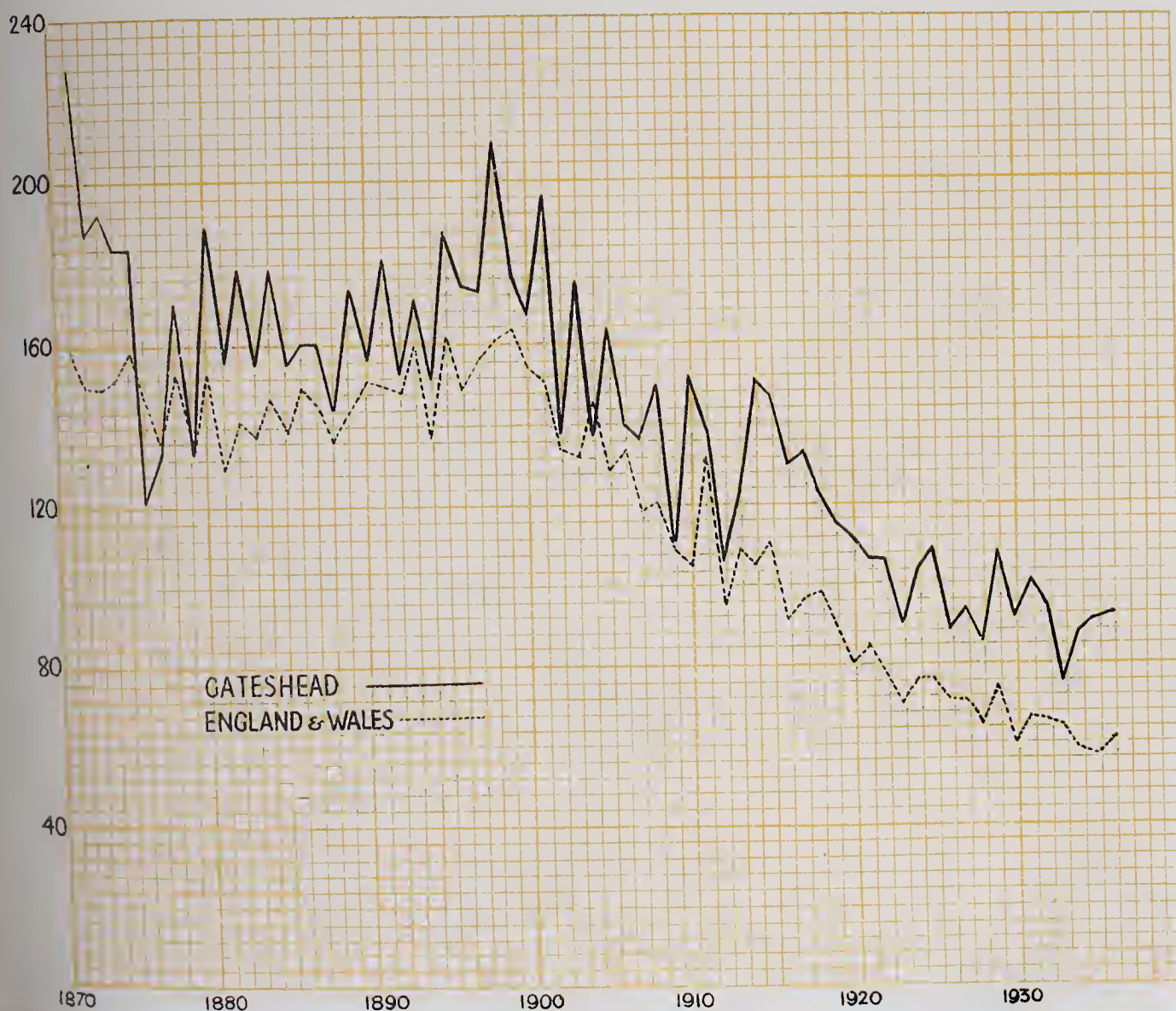
1891-1900
174

1901-1910
149

1911-1920
127

1921-1930
96

Rate per
1,000 live
births



INFANTILE MORTALITY

1871-1931

AVERAGE INFANTILE MORTALITY



Previously there was very inadequate hospital accommodation for children suffering from pneumonia and none if complicated by measles or whooping cough ; but during the year arrangements have been made to accommodate such cases in the Borough Isolation Hospital as far as accommodation is available.

It is hoped that this will materially reduce the infantile mortality.

The graph inserted in this section shows the infantile mortality rates in the Borough and throughout England and Wales since 1871, and in that year it is seen that the infantile mortality rate in the Borough reached the tremendous number of 238 per 1,000 live births.

At these times the principal causes of death were the diarrhoeal and infectious diseases in the babies over one month, and the large number of premature and debilitated infants in the group under one month, while every second year shows an increase due to epidemics of infectious disease. The mortality shows a tendency to rise until 1900 when the sanitary provisions of the later years of the nineteenth century began to take effect, and a gradual fall is noticed until 1920.

In 1898, when the infant mortality again soared very high, the medical officer, in his report for that year, states that the majority of it was due to an excess of diarrhoeal diseases and whooping cough.

He reached the solution of the prevention of much of the diarrhoeal disturbance when he stated that the way to get rid of this scourge was to replace the privy-middens by the water-carriage system of sewage disposal.

That much of the infantile mortality was due to bad feeding seems to be indicated by the fact that the first year after the infant welfare centres were opened in 1920, and suitable infant food provided, the deaths due to diarrhoea were halved ; in the year following the completion of the water carriage system and the consequent clearing of breeding grounds for flies, the deaths from this cause were again halved.

Since 1920 the line of the graph shows a gradual decline in mortality rate, and it is felt that this will decline still further when more use is made of the services at the disposal of the people.

The number of deaths from diarrhoea and other digestive disturbances is still high. 31 of the total deaths were from this cause. As these diarrhoeal disturbances are caused primarily by wrong or bad feeding it seems a pity that such things should happen when there are centres at which the mother can purchase food suitable for the infant either at cost price or at a reduced rate according to her income,

Unfortunately it is often the mother least able to care for her children and who has the worst home surroundings who refuses to attend the centres; however as the slum clearance proceeds and families are put into better surroundings, there will probably be an improvement in the health and care of their babies.

The following table gives the Infantile Mortality Statistics for each ward.

Ward.	Total No. of deaths Under 1 year	No. under 1 month.	Infantile Mortality Rate.
North	25	9	125
North East	30	10	119
North West	33	13	108
Central	17	10	104
East Central	32	20	115
South Central	6	6	53
West Central	8	6	54
East	18	9	72
South	10	4	51
West	8	6	50
	<u>187</u>	<u>93</u>	<u>91</u>

Infantile Mortality during the four quarters :—

Total No. Infant Deaths.	Percentage.
1st Quarter .....72	38.5
2nd ,, 60	21.4
3rd ,, 38	20.3
4th ,, 37	19.8
—	— — — —
187	100.0

Infantile Mortality for England and Wales.....	59
,, ,, ,, 121 Great Towns	63
,, ,, ,, 140 Smaller Towns	55
,, ,, ,, London	66
,, ,, ,, Gateshead	91

The following is a table of the chief causes of Infant deaths during the year :—

INFANTILE MORTALITY DURING THE YEAR 1936

Nett Deaths from stated Causes at various Ages under 1 year of Age.

CAUSE OF DEATH.		Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under four weeks.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total Deaths under 1 year.		
All Causes	Certified	46	16	19	10	91	17	24	23	23	T. 178	M. 91	F. 87
	Uncertified	1	1	—	1	2	4	2	—	1	9	7	2
Smallpox		—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox		—	—	—	—	—	—	—	—	—	—	—	—
Measles		—	—	—	—	—	—	1	3	3	7	6	1
Scarlet Fever.....		—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough		—	—	—	—	—	1	2	—	4	7	4	3
Diphtheria and Croup ...		—	—	—	—	—	—	—	1	—	1	—	1
Erysipelas		—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis		—	—	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis		—	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculous		—	—	—	—	—	—	—	—	—	—	—	—
Disease		—	—	—	—	—	—	—	—	—	—	—	—
Meningitis—Not Tuber- culous		—	—	—	—	—	—	—	1	1	2	—	2
Convulsions		1	1	1	—	3	—	1	—	1	5	2	3
Laryngitis		—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis		—	—	—	—	—	3	2	1	1	7	6	1
Pneumonia		1	—	2	1	4	5	9	4	6	28	13	15
Diarrhoea		—	—	—	—	—	—	2	—	—	2	1	1
Enteritis		—	—	3	4	7	5	6	8	2	28	13	15
Gastritis		—	—	—	1	1	—	—	—	—	1	1	—
Syphilis		—	—	—	—	—	1	—	—	—	1	1	—
Rickets		—	—	—	—	—	—	—	—	—	—	—	—
Suffocation (overlying)		—	—	—	—	—	—	—	—	—	—	—	—
Injury at Birth		5	3	—	—	8	—	—	—	—	8	4	4
Atelectasis		—	1	—	—	1	—	—	—	—	1	1	—
Congenital Defects		5	3	1	2	11	1	—	1	1	14	11	3
Premature Birth		23	3	7	—	33	2	—	—	—	35	14	21
Atrophy, Debility and Marasmus		3	3	5	—	11	1	1	—	—	13	5	8
Other Causes		9	3	—	2	14	2	2	4	5	27	16	11
TOTALS		47	17	19	10	93	21	26	23	24	187	98	89

8. CHILD WELFARE CENTRES.

At the end of the year, the Infant Welfare Centres were being held as follows :—

Greenesfield House	Tuesday and Thursday Afternoons 1-30 p.m.—4-30 p.m.
Bensham Settlement	Tuesday and Thursday Afternoons 1-30 p.m.—4-30 p.m.
Low Fell Presbyterian Church	Wednesday Afternoon
Denewell Avenue	1-30 p.m.—4-30 p.m.
Moore Street Methodist	Monday Afternoon
Church Hall	1-30 p.m.—4-30 p.m.
Wrekenton Miners Welfare	Alternate Thursday mornings
Hall	9-30 a.m.—12 noon.
Victoria Road Methodist	Tuesday mornings
Church Hall	9-30 a.m.—12 noon.

The following gives an indication of the work done at the centres during the year.

At Greenesfield House, 96 sessions were held ; at 47 of these a doctor was in attendance, the remaining 49 being nurses' sessions. The doctor's sessions are held on Tuesday afternoon and the nurses' on Thursday.

There were 5,698 attendances made during the year.

0—1 year	3673
1—5 years.....	1995
Expectant mothers	30
	<hr/>
	5698
	<hr/>

Average attendance at Doctor's sessions	77.23
„ „ „ Nurses' sessions	40.16
Infant examinations by medical officer	....1859
Average No. of consultations	.....39.55

At Bensham Settlement as at Greenesfield House there is a doctor's session and a nurse's session, the doctor being in attendance on Thursday afternoons,

There were 6,934 attendances.

0—1 year	4550
1—5 years.....	2350
Expectant mothers	34
	<hr/>
	6934

Average attendance at doctor's sessions	86.87
" " " nurses' sessions	59.66
Infant examinations by medical officer	1,829
Average No. of Consultations per session	38.10

At Low Fell Welfare Centre there were 4,382 attendances.

0—1 year	2809
1—5 years.....	1562
Expectant Mothers	11
	<hr/>
	4382

Average attendance	87.64 per session.
Infant examinations by medical officer	1,479
Average No. of consultations per session	26.2

At Moore Street Welfare Centre there were 4,026 attendances.

0—1 year	2463
1—5 years.....	1519
Expectant Mothers	44
	<hr/>
	4026

Average attendance	82.16
Infant examinations by medical officer	1627
Average No. of consultations per session	33.20

At Wrekenton, the clinic is a combined ante-natal clinic and infant welfare centre. At the infant welfare centre there were 873 attendances.

0—1 year	433
1—5 years.....	440
	<hr/>
	873

Average attendance per session was	33.5
Infant examinations by medical officer	507
Average No. of consultations per session	19.5

At the Wrekenton Ante-Natal Clinic there were 76 attendances.

First Visits	26
Re-visits	50
	—
	76
	—

Average per session2.92

A new centre was opened in December at Victoria Road, Methodist Mission Hall, as an attempt to relieve some of the congestion at the Bensham Settlement which is very overcrowded.

Up to the end of the year 3 sessions were held.

There were 67 attendances.

0—1 years.....	44
1—5 years.....	23
	—
	67
	—

Infant examinations by medical officer	40
Average No. of consultations per session	13.3

At the time of writing, this centre is having an average attendance of between 50 and 60 per session, having grown very rapidly in numbers ; as it is in the midst of a re-housing estate for slum clearance, it is felt that it is supplying a very urgent need.

Moore Street and Low Fell Centres are too crowded now for only one session and it would be a great benefit if two sessions could be held at each of these ; there is also room for a centre at the re-housing estates in Saltmeadows also at Carr Hill, where a new estate is rapidly springing up.

Greenesfield clinic, although in a very overcrowded and congested state at present will move into new quarters at the end of 1937; the new building is now in progress.

During the year an experiment was made at the Moore Street Infant Welfare Centre.

With the co-operation of the Director of Education, it was arranged that 10 girls of 14 years from one of the senior schools

should attend the infant welfare centre during 10 sessions for instruction in mother-craft. As the experiment only commenced in October, one set of girls was dealt with this year. They attended for one hour and were given a short lecture of about 15-20 minutes by the welfare medical officer and were then passed on to the nurses who took turns in giving talks which they illustrated where possible with practical demonstrations. The girls were very interested and extremely enthusiastic.

The following is a syllabus of the talks given :—

Doctor.	Nurses.
1. Introductory talk on Infant Mortality	1. Breast Feeding.
2. Basis of Food. Protein, fat, carbohydrate, etc. to show that milk is perfect food.	2. Artificial Feeding.
3. Feeding 6-18 months (showing gradual additions to diet and reasons for these)	3. Cleanliness (Bathing of Baby).
4. Teething.	4. Planning of a whole day, sleep, necessity for cot or pram.
5. Rickets (Causes and effects).	5. Clothing.
6. Common Infectious Ailments.	6. Constipation.
7. Bronchitis and Pneumonia.	7. Diarrhoea.
8. Cares of eyes and ears.	8. Thrush.
9. Infant Rashes.	9. Blanket bathing.
10. Habits—Character building.	10. Family budget.

At this centre three competitions were held during the year, two for knitted garments and another for hand sewn garments. The knitting competitions were very popular.

The first of these competitions was held early in the year and was judged by the late Mayoress, Mrs. J. White, who had always taken a keen interest in the work of the centres and presented the prizes to the winners.

The second knitting competition was held in November and attracted a very large number of entries, this one was judged by Mrs. W. Winter who kindly presented the prizes on this occasion.

The total number of attendances at the Centres during the year was 21,980 against 20,151 last year.

Every child receiving dried milk is expected to be brought to the centre once a month, so that progress may be noted, some children are brought much more frequently.

VOLUNTARY WORKERS.

As in previous years, the voluntary workers have rendered great assistance at all the centres ; their services are very much appreciated. These ladies give up a great deal of their time to the work, and attend regularly every week or fortnight as they arrange among themselves. Some of them make tea for the mothers, while others assist with the clerical work ; they also try to interest the mothers in sewing and knitting for their children and give a good deal of helpful instruction on these matters.

9. THE NURSERY SCHOOL.

The Nursery School at Bensham Settlement, which is run by a voluntary association, has on the register 55 children taken from 50 homes. The reasons given for their admission to school are as follows :—

Children admitted for health reasons	9
Children of widowed or working mothers	7
Children with Tubercular family histories.....	3
Child with no mother	1
Children admitted because of unemployment or difficult home circumstances ; e.g., living in one or two roomed houses on main bus routes	17
Children from large families or with young babies	12
Mother in ill-health	6
	—
	55

An addition is to be built to the Nursery School so that it will be able to accommodate twice the present number by the middle of 1937. The school has its own Medical Officer, who examines the children periodically ; the cards from these inspections are sent to the Health Department when the child is 5 years of age and are then sent on to the elementary school at which the child attends. In this way a continuous record is kept.

The children are very well cared for, the regular meals and regular rest periods make a big change in them. Much of their play is out of doors when the weather permits.

It would be a very useful thing if a Nursery School could be built with each large housing estate for the transference of people from the slum clearance areas.

These schools do a tremendous amount of good and fill a long needed want in the lives of the small children before ordinary school age.

10. SUPPLY OF DRIED MILK AND OTHER FOODSTUFFS

During the year, dried milk has been supplied at the Bensham Welfare Centre on Tuesday afternoons, as well as at Greenesfield House, Sunderland Road and Wrekenton Centres. Food is also obtainable at the Victoria Road Centre which was opened during December.

The Sub-Committee of the Maternity and Child Welfare Committee continues to meet regularly to investigate the applications for assisted milk supply and careful consideration is given to the circumstances of each case. During the year, 83,306 packets of dried milk were distributed, 8,472 being at cost price and 74,834 packets at prices below cost price according to the family income. In addition 217 pounds, 3,684 half-pounds of Virol, 5,822 tins of Maltoline, 612 half-pounds of Numol were issued at cost price. Receipts amounted to £3,052 12s. 10d. against a cost of £5,434 19s. 2d.

The following is a summary of the amounts given out at each centre :—

Sale of 1 lb. Packets of Dried Milk and of other Foodstuffs at Welfare Centres.

Price.	Greenesfield.	Bensham	Sunderland Road	Low Fell.	Wrekenton.	Victoria Road.	Total.
1/6	317	158	64	206	40	—	785
1/4	2,596	1,021	592	1,225	330	6	5,770
1/3	890	176	246	487	117	1	1,917
1/—	333	151	23	—	—	—	507
10d.	2,161	484	251	294	144	15	3,349
9d.	4,476	510	756	388	133	5	6,268
7d.	23,352	3,966	3,229	2,113	723	105	33,488
6d.	23,425	3,057	2,337	1,547	640	89	31,095
3d.	37	54	—	36	—	—	127
	57,587	9,577	7,498	6,296	2,127	221	83,306
1 lb. Virol 2/3	120	12	9	75	1	—	217
½ lb. Virol 1/2	220	32	10	91	10	—	363
½ lb. Virol 9d.	2,112	427	310	335	127	10	3,321
½ lb. Numol 7d.	402	58	46	78	17	11	612
½ lb. Maltoline 6d.	4,219	505	360	584	140	14	5,822
	7,073	1,034	735	1,163	295	35	10,335

11. INFANT LIFE PROTECTION.

(Children's Act, 1908, and Part V. of the Children and Young Persons Act, 1932.)

On 1st January, 1936, there were 11 children registered, 5 males and 6 females.

During the year 7 additions were made to the register, 2 were transferred to relatives, 2 were returned to the care of the mother, 2 became over age.

At the end of the year there were 12 children on the register, 6 males and 6 females.

The N.S.P.C.C. Inspector works in close co-operation with the officials in the various branches of this department, and gives the greatest assistance under this Act and other Acts, which are administered for the benefit of children.

12. OPHTHALMIA NEONATORUM.

A change was made in the routine method of treatment of these cases during 1936, with the intention that Health Visitors might be utilised to a greater extent in the treatment and supervision of notified cases.

In some cases the treatment was carried out by the nurses from the District Nursing Association under the direction of the medical practitioner in charge of the case, but in others the parents were responsible for the treatment, and it was these cases which the Health Visitors had to visit regularly to see that the treatment was being carried out satisfactorily.

Very bad cases, which required hospital treatment, were admitted to the Eye Hospital, Newcastle on Tyne.

During the year a circular was sent to all the practitioners in the Borough, informing them that in future, smears from the eyes would be examined at the Health Department Laboratory, and that if the practitioner did not wish to take the smears himself, the Health Visitor was authorised to do so; also that the Health Visitor would co-operate with the practitioner in the treatment if desired to do so, and that bad cases would be admitted to the Sheriff Hill Isolation Hospital. The Health Visitors have attended at the homes and treated several of the cases daily.

There were 10 cases notified during the year.

The analysis of these cases is as follows :—

Notified by Doctor		Attended by Midwife	Where treated.	Result.
1	Doctor	—	Home	Cured
2	Doctor	—	Sheriff Hill Hospital	Cured
3	Doctor	Midwife	Home	Cured
4	Doctor	Midwife	Sheriff Hill Hospital	Cured
5	Doctor	Midwife	Home	Cured
6	Doctor	—	Home	Cured
7	Doctor	—	Home	Cured
8	Doctor	Midwife	Sheriff Hill Hospital	Cured
9	Doctor	—	Sheriff Hill Hospital	Cured
10	Doctor	—	Home	Cured

The sight was unimpaired in all cases.

13. HOSPITAL TREATMENT FOR AILING CHILDREN.

Children found at the Infant Welfare Centres to be suffering from defects are sent to :—

- (a) The Children's Hospital, Gateshead.
- (b) The Babies' Hospital, Newcastle on Tyne.
- (c) The Royal Victoria Infirmary, Newcastle on Tyne.

149 children were referred to the Children's Hospital, Gateshead for the following reasons :—

Enlarged Tonsils and Adenoids	34
Phimosis.....	41
Otorrhoea	5
Carious Teeth	52
For Sunray Treatment	3
Enlarged Cervical Glands	3
Umbilical or Inguinal Hernia	7
Minor Injury.....	2
Sores	2

149

2 babies were sent to the Babies' Hospital for operations. One baby was suffering from Intussusception and was operated upon immediately. The second baby was suffering from Pyloric Stenosis. Both recovered.

During the year, 24 Gateshead infants were admitted to the Babies Hospital, 6 of them were accompanied by the mother ; this is a special feature of the Babies Hospital whereby a breast-fed infant can continue to be breast-fed throughout the time of its stay in hospital by admitting the mother with it. There were 21 patients discharged improved or cured and 3 died.

There were 102 outpatient attendances made by Gateshead cases.

32 children were sent to the Royal Victoria Infirmary for the following reasons :—

Strabismus.....	15
Meibomian Cyst	1
Orthopædic Cases.....	12
Nævi	4
	<hr/>
	32
	<hr/>

Orthopaedic Cases.

During the year one child was admitted to the Sanderson Orthopaedic Hospital School, Gosforth, with a very badly neglected talipes. There is no orthopaedic scheme as yet working under the Borough Authority ; but there is a joint scheme with the School and Tuberculosis Services under consideration. This will be commenced when the new clinic building is opened.

MARGARET B. HERBST, M.D., D.P.H., B.Hy.

Deputy Medical Officer of Health.

D. SCHOOL MEDICAL SERVICE.

There are 32 primary schools and one secondary school within the Borough, providing 25,902 and 650 school places respectively.

The numbers of elementary children on the rolls in 1936 was 18519 and of secondary pupils 617, while the average number in attendance was 17,817 elementary and 573 secondary children.

There are also two Junior Instruction Centres, at which approximately 213 males and 207 females are in daily attendance, although the individual juveniles are constantly changing.

The facilities at present provided for the treatment of school children are a minor ailments clinic held daily, the refraction of defective vision and squint, dental attention, and the hospital treatment of enlarged tonsils and adenoids.

These facilities are to be extended for the use of children under school age and uninsured juveniles attending Instruction Centres, while proposals have been approved for the initiation of orthopaedic and artificial sunlight treatment.

E. ORTHOPAEDIC SCHEME.

At present all orthopaedic treatment is carried out either by the family practitioner or the orthopaedic departments of the Royal Victoria Infirmary and Sick Children's Hospital. There is one exceptional class, viz., patients with active bone and joint tubercle, who are treated in sanatoria.

When children require orthopaedic appliances or have to be educated in special schools on account of orthopaedic defects, the matter generally is referred to the Education Committee, which provides for appliances in certain cases out of a voluntary fund and may send children to be educated in hospital schools.

After care is generally in the hands of hospital almoners and surgeons of out-patient departments.

The Central Council for the Care of Cripples has drawn attention to the lack of proper orthopaedic facilities in the North-Eastern area, and formulated a scheme. Owing to the unification proposals, Gateshead has decided meantime to set up a local orthopaedic scheme whereby orthopaedic clinics, staffed by a specialist orthopaedic surgeon and nurse, are to be held in the

Open Air School and in the new clinic at Greenesfield House. while cases requiring hospital treatment are to be sent to the Sanderson Memorial Hospital, Gosforth. The scheme provides for the supply of orthopaedic appliances, for continuous supervision and for special education, and is to come into operation upon completion of the new clinic.

F. NATIONAL HEALTH INSURANCE.

I am indebted to Mr. A. Morris, Secretary to Gateshead National Health Insurance Committee for the following information relative to the year ended 31 /10 /36.

There were 47,016 insured persons on the Index Register an increase of 2,784 on the previous year. The increase is principally due to the restoration of medical benefit to a large number of persons who lost it under the Act of 1932.

The numbers on the doctors' lists for the last ten years were as follows :—

1927.....	45,654	1932....	46,785
1928.....	45,189	1933.....	47,075
1929.....	45,797	1934.....	44,372
1930.....	45,884	1935.....	42,750
1931.....	46,135	1936.....	44,289

There are 75 doctors under agreement with the Committee, of whom 29 have more than 500 persons on their lists. There are likewise 40 firms of druggists under agreement to supply drugs. The frequency of prescribing in 1935 was 5.8 per insured person, and the average cost of this—43.9 pence.

G. PUBLIC ASSISTANCE MEDICAL SERVICE.

There are four District Medical Officers serving the Public Assistance Committee. In September, 1936, their salaries were increased to £250 per annum each, on account of the increase of their work during the last few years. This decision was made subject to an accurate review of their work at the end of twelve months.

The work done by these officers in 1936 was as follows :—

	Men	Women	Children	Total
Received Medical and Outdoor Relief	1672	2501	2016	6189
Received Medical Relief only	420	1133	1451	3004
	2092	3634	3467	9193

This service has grown enormously within the last six years as shown by the table below :—

year	Persons relieved	year	Persons relieved
1936.....	9193	1933.....	7492
1935.....	8035	1932.....	5464
1934.....	8941	1931.....	4016

In-patient treatment is given principally in the medical wards of High Teams Institution or in a few cases for urgent operation at the Royal Victoria Infirmary, Newcastle. Certain other cases requiring specialist surgery are dealt with at Newcastle General Hospital.

H. GATESHEAD DISPENSARY.

This institution, situated in West Street, is provided by voluntary subscription for the poor of the town, whom it has served since 1832. There are two resident medical officers employed full time in serving the medical needs of the sick poor. Patients are seen at the dispensary and in their homes, and a large number of patients who would otherwise receive no medical attention are dealt with.

I am indebted to Dr. J. C. Hall, Resident Medical Officer for the information given below in respect of 1936. There were 2780 letter patients (1427 home patients and 1353 out-patients) and 21,400 casual patients, including 505 accident cases, a grand total of 24,180 patients treated, as compared with 22,487 last year.

The letter cases are sent by subscribers to the number of 4 per subscription of one guinea, while casuals are charged a fee of 3d. per attendance (inclusive of medicine and dressings). The types of patient dealt with are children with acute illness and women with acute and chronic disease.

The Public Assistance Committee gave a donation of £20 in 1936.

Harmonious relations are maintained between the dispensary staff and the staff of the health department.

I. GATESHEAD PUBLIC MEDICAL SERVICE.

Gateshead has been served since 1925 by a Public Medical Service, established by the doctors of the town for the dependents of insured persons and others unable to pay the usual fees of medical practice. Thirty-one practitioners of the area are partners in the scheme, the administrative details of which are in the hands of the Secretary, Mr. John Mitchell, to whom I am indebted for this account.

The terms for subscribers are 6d. per week per adult with an additional 1d. for each child up to a maximum of 9d., and an additional 4d. per week for each additional adult over the age of 16 years. If children alone are paid for, the rates are 4d., 5d. and 6d. per week according to whether one, two or three or more children are covered by the scheme.

Any subscriber is quite free to choose his doctor and may change him at any time by notifying the Central Office at 9, Walker Terrace.

Subscribers are entitled to ordinary medical general practitioner treatment (including drugs), but the service does not cover obstetrical help or specialist assistance of any kind, nor does it extend to certification or the provision of tonic foodstuffs.

At the end of the year, 15,500 persons were covered by the scheme.

J. HOME NURSING SERVICE.

I am indebted to Mr. C. D. Pike, Hon. Secretary, Gateshead Nursing Association for the following information in reference to the year under review.

The Association employs 1 Superintendent, 1 Assistant Superintendent and 11 nurses, all of whom are state-registered.

During 1936, 1,592 cases were nursed, entailing 42,187 visits to the homes of the sick. Of the cases attended at home, 923 were sent by private practitioners, 280 by friends of patients, 43 by district medical officers and 157 by dispensary doctors. Nursing appliances were loaned to 500 cases. At the Gateshead Dispensary the staff of the Association administered 9010 treatments. Included in the above are 2508 visits to nurse 102 cases of notifiable disease under treatment at home by the family practitioners. This figure includes 1126 visits to 33 tuberculous patients, 1124 visits to 59 pneumonia cases, 165 visits to 6 patients with erysipelas, 59 visits to 3 puerperal patients and 34 visits to one case of ophthalmia neonatorum.

The Association provides a Home Nursing Provident Scheme, whereby Borough residents, unable to pay for the services of a private nurse, contribute small weekly donations to the Association, in return for which the Association provides a visiting nurse when required by the practitioner in attendance on an illness. There are roughly 10,000 subscribers. Non-subscribers are charged 1/6d. per visit of a nurse. The Public Assistance Committee gives a donation of £100 per annum.

Until the end of the year, midwifery was not undertaken by the Association, but after consultation with the local authority, the Association have agreed to provide 5 midwives, wholly devoting their time to municipal midwifery, on behalf of the Corporation under the scheme formulated in accordance with the Midwives Act of 1936. A new nurses' home is to be erected to house 7 midwives and there is also incorporated premises suitable for use in ante-natal examination. These may be used by private practitioners and by the local authority medical officers to give ante-natal care to the patients of the Association nurses. A donation of £1,100 per annum will be paid to the Association by the local authority, to which all fees are to be paid for the services of midwives.

It is a great satisfaction to record the latest harmonious relationship between the local authority and the Nursing Association, for the work of which the local authority has in the past been under a debt of gratitude in respect of an essential public service carried out in the most unobtrusive manner. The moral

effect of this overt recognition by the Council of the value of the work done by the Association can only be to encourage still more the excellent activities of that body and to stimulate public confidence in their value.

K. AMBULANCE PROVISION.

For infectious cases, the town provides two ambulances, one of which was renewed during the year. The older wagon is mainly used for scarlet fever, while the new machine, a Morris 24 h.p. motor with a special body, is reserved for the removal of other cases, including tuberculosis.

The Public Assistance Institution is likewise served by an ambulance, which also was renewed during the year. Both the new Corporation ambulances are essentially designed for the comfort of the transported.

The Gateshead Police have an ambulance reserved mainly for street accidents and illnesses and there is a utility van also available for use as an ambulance.

The Public Assistance ambulance can be hired by members of the public for transportation of the sick to hospital, while the ambulance under the control of the Chief Constable is utilised on a customer basis by public works in the area or adjacent thereto.

A colliery ambulance, provided by a firm outside the Borough, is available for the employees of a pit situated within the Borough in case of accident, while a large private firm within the Borough provides an ambulance for its employees in accidents and also ambulance transport for employees from their homes to hospital if necessary.

There are three private firms providing ambulance transport for Borough patients at definite charges. One of these firms runs a provident scheme.

L. LABORATORY SERVICE.

The Public Health Department provides within the Tuberculosis Dispensary building, a laboratory with incubator, microscope, centrifuge, etc., for the carrying out of the routine bacteriological tests associated with health administration. The Tuberculosis Clerk devotes part of his time to assistance in the laboratory.

The following is a summary of the valuable work performed in the public health laboratory in 1936.

	Positive.	Negative.	Total.
Swabs for diphtheria bacilli	229	573	802
Swabs for streptococci	5	7	12
Sputa for tubercle bacilli.....	154	492	646
Cerebro-spinal fluids for organisms	11	8	19
Blood for agglutination tests	5	10	15
Smears for gonococci	6	9	15
Sputa for pneumococci	1	3	4
Pus for organisms	—	—	8
Urine for microscope examination	—	—	27
Miscellaneous.....	—	—	4
	Total	...	.. 1552

Informal tests by the Gerber centrifuge process were made by the Sanitary Inspector of the fat content of 101 samples of milk, of which 9 were found to be deficient and thereafter formal samples were taken.

The more intricate analytical and bacteriological tests are carried out on a customer basis by the public analyst and by the Durham University College of Medicine Bacteriological Laboratory, Newcastle. The work of the former is included under the head of this report devoted to the purity of water, milk and foodstuffs, while during 1936 the College of Medicine Laboratory carried out the following tests :—

(a) **Bacteriological Examination of milk.**

Certified milk and T.T. milk (Ministry Samples 20)	23
' Grade A ' milk (Accredited)	3
Pasteurised milk	9
Ordinary milk	10
	<hr/> 45

(b) Faeces Culture	10
(c) Agglutination tests.....	5
(d) Cerebro-spinal fluids	4
(e) Virulence tests of swabs	2
(f) Milk for tuberculosis (inoculation tests)	19
(g) Examinations of water	3
	<hr/> 88

The Wasserman tests from the Joint Venereal Diseases Clinic are carried out at the College Laboratory.

M. MENTAL DEFICIENCY ADMINISTRATION.

The number of mental defectives ascertained to be subject to be dealt with at the end of the year was 277, made up of 139 males and 138 females.

These have been dealt with as follows :—

	Males	Females	Total
(1) In Institutions.			
(a) Under order	39	47	86
(b) Maintained by local authority ...	6	8	14
(c) Maintained by parents	2	1	3
	47	56	103
(2) On licence from institution	2	1	3
(3) Under guardianship	7	4	11
(4) In places of safety	0	0	0
(5) Under statutory supervision	68	50	118
(6) In Public Assistance Institution (Uncertified)	8	17	25
(7) Not yet dealt with	7	10	17
	139	138	277

The 103 cases in institutions are disposed as follows :—

	Males	Females	Total
Monkton Hall, Jarrow	3	—	3
Shotley Bridge Colony	28	19	47
Durran Hill House, Carlisle	—	5	5
Public Assistance Institution, Gateshead	4	14	18
Stoke Park Colony	3	4	7
Royal Albert Institution, Lancaster	6	6	12
Bow Villa, Morpeth	—	1	1
Field Heath House, Middlesex	—	1	1
Dovenby Hall, Cumberland	1	—	1
Prudhoe Hall Colony	—	1	1
Whittington Hall, Derby	—	1	1
Hortham Colony, Bristol.....	—	1	1
St. Joseph's Home, Sheffield	—	2	2
Private Institutions	2	1	3
	47	56	103

A further seven defectives belonging to Gateshead, 4 males and 3 females, are maintained by the State in Rampton Institution.

As will be seen in the review of hospital accommodation, the Public Assistance Institution is approved for the reception of four male and nineteen female defectives, and yet the institution contains roughly 200 patients certifiable, in the opinion of the Resident Medical Officer, as mental defectives. Roughly 150 of these belong to Gateshead.

An analysis of the inmates of this institution conducted by the Medical Officer of Health and the Resident Medical Officer on 7th December, showed that there were altogether 182 mentally defective inmates (of whom 119 belonged to Gateshead). Of these 66 were uncertified and were not detained under any legal power, i.e., they were free to leave at any time. Twenty-five were detained under the Mental Deficiency Act. Ten others had originally been detained under Section 21 of the Lunacy Act, 1890, but the order had expired, and these were likewise free to leave the institution. 79 were detained as lunatics under justices' orders made under Section 24 of the Lunacy Act, 1890.

This position has arisen from the local lack of accommodation for mental defectives and it has been suggested that if some of the inmates of the hospital blocks at this institution were removed to a new general hospital, the "schools" block could be emptied and appropriated as a small mental defective colony for local use. The proposal is under consideration by the Board of Control.

N. HEALTH EDUCATION AND PROPAGANDA.

A joint propaganda Committee, composed of representatives of the Health Committee of the Council and of the National Health Insurance Committee, together with five co-opted members representative of doctors and voluntary health services, is charged with local health education. The Town Council gives an annual donation of £20 to carry on the work.

Mr. A. Morris, Clerk to the Insurance Committee, acts as Secretary to the Committee.

The following activities were carried out under its auspices in 1936 :—

- (1) Health Lecture of Dr. R. S. Smallwood to the members of an Approved Society.
- (2) Health and Ambulance Sunday Afternoon Lecture on "Cancer" by Dr. Malcolm Donaldson,

- (3) Evening Lecture on British Empire " Cancer Campaign."
- (4) Chadwick Lecture by L. G. Pearson, F.R.I.B.A. on " Modern Hospital Construction."

Members of the Public Health staff have also contributed unofficially to the work of health education by lectures. Dr. Herbst gave addresses to the Co-operative Women's Guild on Maternal and Child Welfare.

Mr. Smith, Housing Inspector, addressed a local association on the work of slum clearance and two of the Health Visitors gave talks to the mothers under the auspices of a Women's Welfare organisation.

The Empire Marketing notice boards were utilised during the year for the display of posters advertising the local health services.

III. Sanitary Circumstances of the Area.

Part III.—SANITARY CIRCUMSTANCES OF THE AREA.

A. WATER SUPPLY.

The public water supply of the Borough is from the reservoirs of a private company, the Newcastle and Gateshead Water Company. The catchment areas are situated in various parts of Northumberland, the principal impounding reservoir being at Catcleugh in the Cheviots. Fifty per cent. of the water supplied to Gateshead is derived from this source, the remainder being from reservoirs in the North Tyne Valley at Colt Crag, East and West Hallington and the Pont and Whittle Dean areas. These sources are above suspicion, but the water is subjected at Whittle Dene and Throckley partly to slowsand filtration and partly to rapid filtration, and thereafter chlorinated prior to being conducted to the service reservoirs and mains. Their combined capacity is about 13,000,000 gallons per day, and the water in store varied from 3,965 million gallons to 5,345 during the year.

Distribution to the parts of the town fringing the river is by gravitation from the filtration depots at Whittle Dene, while a pumping station in Askew Road pumps the water to two reservoirs, one at Carr Hill (450 ft.) supplying the parts of the town below this level, and another at Beacon Lough, Sheriff Hill (520 ft.) to supply the highest parts of the town. A booster plant gives an additional head to the supply in the region of Sheriff Hill.

Some complaint has been received at times regarding the growth of algae (mainly crenothrix) in the mains, and the company consider this may have been due to the interstices in the pitching of Carr Hill reservoir. Accordingly during the year the Company have been lining the bottom and sides of the reservoir with cement so as to prohibit lodgement of the growth.

The average daily consumpt of water was 34.3 gallons per head per day, 21.5 gallons being for domestic purposes and 13.8 for trade. The total daily consumpt in Gateshead is just under $4\frac{1}{2}$ million gallons.

The water is regularly analysed and examined by chemical and bacteriological tests. The following figures are the last reports available for 1936 :—

ANALYST'S REPORT.

Total Solids	23.2	parts per 100,000
Chlorine (as chlorides)	1.207	„ „ „
Free and saline ammonia .....	.003	„ „ „
Albuminoid ammonia .....	.01	„ „ „
Nitrates .....	.05	„ „ „
Oxygen absorbed in four hours at 25°C .....	.210	„ „ „
Hardness— Temporary	9.8°	
Permanent	7.4°	
Total	17.2°	
Poisonous metals	Absent.	

Physical Characters.—faint yellow, clear, no odour ; satisfactory sediment.

Opinion of Analyst.—The water is well filtered and in my opinion suitable for a town supply.

H. CHARLES L. BLOXAM,
Public Analyst.

Bacteriological Report.

B. Coli present in	100 c.c.
Colonies on agar at 37°C. in 48 hours	45
Colonies on agar at 22°C. in 72 hours	175
Streptococci	Absent.

Opinion.—“ This may be regarded as a good sample of drinking water.”

R. NORTON,
Bacteriologist.

B. SEWERAGE, DRAINAGE AND CLOSET ACCOMMODATION.

There are 30 sewer outlets leading into the river at various points. These include 18 main sewers of greater calibre than 12 inches. All parts of the town drain into the river by these outlets, and during the year additions to the sewerage system were made for developments of new housing estates, the principal addition being a new sewer draining the houses at High Fell into the Low Fell district.

Practically every house in the Borough, including its extension, is now served by water closets and drains coupled with the public sewers. The conversion of pail closets in the extended area of the Borough was mainly carried out during the year.

There are no dry or pail closets left within the Borough, so far as is known.

C. RIVER POLLUTION.

The pollution of the River Tyne has been a serious matter for many years and the problem is growing worse with the increase of population on the banks of the Tyne.

The Special Areas Commissioner appointed a Committee of Enquiry in 1935, which reported its findings in 1936, a summary of which is given. The number of sewer outfalls were inspected and the frequent occurrence of oily scum and solid faecal matter in the river with the bubbling of gas was noted. The total absence of dwelling houses close to the river was a noticeable feature. It was stated that the river was at times very offensive. No evidence was addressed to the enquiry as to illness due to the pollution of the estuary. Part of the fouling of the Tyne is due to the sewage from the latrines of ships, which enter the river to the number of 15,000 annually.

Analytical and bacteriological tests showed a progressive deterioration of the purity of the river, reaching its maximum at Wallsend, and paratyphoid bacilli were found in the water at Redheugh Bridge.

The Commission of Enquiry concluded that no danger to the public health resulted from the undoubtedly foul condition of the river, but nevertheless stressed the fact that the estuary of the river was in fact nothing but an open sewer, draining the

sewage of a population of 800,000, and that steps should be taken to treat the sewage of Newcastle and Gateshead especially.

Friar's Goose Sewer Outlet.

During the year, complaint of nuisance adjacent to a sewer outlet was made by the tenant of a house. The sewer outfall has been in existence for many years, but is now draining a large new development of Council Houses in Felling and Gateshead. The result is that complaint is made of offensive smells, the silting of a slipway with solid sewage matter and of a plague of flies related thereto, with resultant illhealth to the children of the complainer.

The Borough Surveyor has piped the outfall to discharge in the middle of the bed of the stream and has closed the storm outlet by a metal trapdoor. Complaint still continued at the end of the year, and the matter is receiving attention.

D. PUBLIC CLEANSING.

The work of public cleansing was carried out to the satisfaction of everyone during the year, and no complaints were received regarding nuisance caused by tipping or by accumulation of household refuse.

I am indebted to Mr. Robt. H. Storer, F.Inst.P.C., Cleansing Superintendent for a summary of the year's work.

" Collection of House and Shop Refuse.

Details of Receptacles.

No. of Ashbins and Dry Boxes	33802
No. of Privy Ashpits and Box Closets	135
No. of Dry Ashpits	46

It is pleasing to report that the number of Dry-boxes has been reduced during the past year from 999 to 730 and portable standard bins substituted. This policy will be pursued until the whole of the dry-boxes have been abolished ; in addition a scheme for the abolition of almost the whole of the privy-closets is well in hand and it is anticipated that this will be completed during the ensuing year.

Collection.

Ashbins and Dry-boxes are emptied weekly. In certain tenemented properties in the older portion of the Town a collection is carried out daily while in one or two small areas, it is found necessary to give a twice weekly collection during winter months. As far as practicable all owners are required to supply a separate bin for each tenant and in this way it is possible to hold the tenant responsible for the class of refuse deposited therein.

The total number of calls for ashbins and boxes at all classes of premises for refuse during the year was 1,815,223 as against 1,769,689 calls last year, and the weight of refuse has averaged out at 42 lbs. per bin as against 43 lbs. per bin the previous year. In addition there have been 429 calls made to empty ashpits during the year.

The whole of the fleet of mechanically propelled vehicles employed upon refuse collection has been renewed during the past three years, the present fleet being composed of machines fitted with steel sliding covers to ensure as little nuisance as possible from dust dissemination while loading

Disposal.

Tonnage of Refuse collected and disposed during the year was as follows :—

House and Shop Refuse	34,464 tons.
Street Sweeping and Gully Contents	4,449 tons.

The whole of this refuse was disposed of by controlled tipping on land owned by the Corporation, with the exception of 1463 tons which were delivered to private tips upon request and under special circumstances. During the past year we were compelled to cease tipping at Derwent Crook Playing Fields owing to the whole of this land along Midgeholmes Farm having been acquired by the North Eastern Trading Estate, but the Committee were fortunate in securing alternative accommodation at Church Quarries, Sheriff Hill. Other tips are situated at Moss Heap Quarries, Wrekenton, The Teams, Askew Road, and a small tip at Shear Legs Road, which is now almost complete. There has been no difficulty or complaint in respect of tipping operations during the past year, and it is pleasing to report that 4 acres of land has been completed at Moss Heaps and handed over to the

Parks Committee for a playing field and a further 4 acres completed as a Schools Playing Field on behalf of the Education Committee.

Street Cleansing.

There are 111·53 miles of Roads, Streets and Lanes within the Borough as against 109·74 miles last year. These are cleansed from a minimum of once weekly to a maximum of 13 times weekly according to needs, and the volume of traffic, etc., while the main centres of the town are swept four times daily. There is also a skeleton service on main arteries on Sunday mornings and public holidays. The service on gully-emptying has been considerably improved by the acquisition of a second mechanical gully-emptier. It is now possible to have 90% of all gullies cleansed and sealed with fresh water, leaving only 10% to empty by hand, and those are either in difficult positions or of the smaller type which do not lend themselves to mechanical suction. Street watering, sanding and gritting was carried out as and when required, which is entirely governed by climatic conditions."

E. SWIMMING BATHS.

The Corporation Baths in Mulgrave Terrace are the only public baths in the district. Although a small pond and liable to be overcrowded during the summer, the Baths' Superintendent, Mr. G. Scurfield, takes great care to see that the water is continuously subjected to rapid filtration and kept chlorinated to the extent of 2 parts of free chlorine per million in the water leaving the baths to be refiltered.

The checking is done by sampling and the use of an indicator giving a colour reaction. Sampling is done three times daily in the "rush" season.

The baths were inspected during a "rush" period, when some 200 children were in the pond and there was scarcely room for any to swim further than a foot or two. Samples of water were then taken for bacteriological examination with the following result :—

Date received—31st July, 1936.

Bacillus Coli—present in 100 c.c, absent from 10 c.c.

Total count on agar (48 hours)—533 per c.c.

Streptococci—negative.

Opinion.—This may be considered a reasonably good result.

There is no evidence of excessive contamination.

R. NORTON,
Bacteriologist.

Due to the persistent overcrowding in warm periods and the inadequacy of dressing rooms, the Corporation have had under consideration the construction of a new and up-to-date swimming pool. It is hoped to get a sufficiently large grant from the Special Areas Commission to render this possible.

F. REPORT OF CHIEF SANITARY INSPECTOR.

(1) Inspections and Notices.

Complaints Received.

From Householders :—

General Defects	745
Verminous Conditions.....	151

From Health Visitors and other departments	42
--	----

Total	938
-------------	-----

These were all enquired into, and where necessary, referred to other departments for attention.

Sanitary Inspection.

Summary of Sanitary Inspectors' Visits :—

General Sanitation.

Nature of Visit or Inspection.	No. of Inspections
Water Supply	187
Drainage	1428
Stables and Piggeries	173
Offensive Trades	45
Fried Fish Shops.....	96
Common Lodging Houses	17
Houses Let in Lodgings	58
Tents, Vans and Sheds	14

Factories	51
Workshops	290
Workplaces	114
Bakehouses	150
Theatres and Places of Entertainment	83
Ashbin renewals	145
Deposits of refuse	72
Rats and Mice	334
Smoke Observations	14
Schools	12
Shops	164
Miscellaneous Sanitary Visits	762
Limewashing Passages, etc.	283
Poultry Keeping	30

Housing.

Under the Public Health Acts.

Number of Houses inspected	1264
Visits paid to above houses	3090

Under the Housing Acts.

Number of Houses inspected	1194
Visits paid to above houses	3389

Overcrowding.

Number of houses inspected.....	37
Visits paid to above houses	45

Verminous Premises.

Number of houses inspected.....	187
Visits paid to above houses	394

Miscellaneous housing visits	597
------------------------------------	-----

Notices were served upon owners, agents, and tenants requiring the abatement of nuisances and repair of dwellings, drains, sanitary convenience, etc., as set out below.

No. of Informal Notices served	1249
No. of Informal Notices complied with	1150
No. of Statutory Notices served	58
No. of Statutory Notices complied with	54
No. of reminders	304

(2) Supervision of Repairs and Improvements.

For purposes of repair and improvement of dwelling-houses, the following work done under notices or by voluntary action was supervised :—

Dwellings.

Defective Roofs and Spouting overhauled and repaired.....	607
Ventilation provided, subsoil removed, etc.....	32
Defective floors overhauled and repaired.....	145
Exterior walls repaired and pointed	322
Chimney flues and stacks, ovens and ranges repaired and renewed	295
Stairs, doors, window frames and cords repaired and renewed	395
Interior walls, ceilings and plastering repaired	414
Sculleries provided or repaired	136
Scullery benches renewed	76
Food stores and pantries provided.....	141
Handrails provided	62

Drainage and Sanitary Conveniences.

Choked drains and waterclosets cleared	190
Drains relaid and repaired	200
4 inch pipes used	3047 ft.
6 inch pipes used	265 ft.
Manholes and traps provided	98
Gullies and gratings renewed	283
Vent and soil pipes	1089 ft.
Additional waterclosets	51
Watercloset basins renewed	48
Watercloset cisterns and flush pipes renewed	84
Scullery sinks renewed.....	105
Waste-pipes renewed	981 ft.
Waste-pipe traps provided	107

Convenience and Outhouse Buildings.

Ashpits abolished	16
Watercloset doors, seats, walls and roofs replaced and repaired	332
Ashpans provided.....	52
Coalhouses and outhouses rebuilt and repaired	197
Water provided to waterclosets	34

Yard Paving, etc.

Yard paving renewed or repaired	226
Yard walls rebuilt	189
Yard doors replaced	137
Poultry erections removed	5

Water Supply.

Water supply renewed and fittings repaired.....	77
---	----

(3) Re-Conditioning of Dwellings.

Continued attention was directed to the Prince Consort Road, Mount Pleasant, and Sunderland Road areas for the purposes of obtaining such alterations, improvements and repairs to dwellings as would extend their useful life, and bring them more in line with present day practice in the provision of amenities such as adequate sculleries, internal sinks and water supply, wash boilers, food storage, etc.

Sections 55 of the Housing Act, 1935, and 51 of the Housing Act, 1936, enable owners who carry out such works satisfactorily to apply for certificates that the property will not come within the operation of Clearance or Demolition Orders for periods of five to ten years, and several such applications have been approved.

The following is a summary of the works carried out :—

Housing Improvements and Re-Conditioning.**Principal Items of Works done.**

New sculleries constructed	68
Existing sculleries enlarged or improved	16
Sculleries provided without additional construction	13
Sinks and water supply provided inside.....	103
Pantries and food storage cupboards provided.....	116
Coal fired or gas heated set-pots provided.....	113
Wash-houses provided or reconditioned	2
Tenants using above wash-houses	3
Paved and drained yard area provided	20
Additional waterclosets provided	32

The following shows the results in improved accommodation obtained by the above work,

No. of premises Improved and Reconditioned.....	68
No. of tenants occupying above premises before improvements were effected	134
Tenements converted into flats	2
Flats converted into self-contained houses	7
No. of tenants occupying Improved and Reconditioned premises	120
No. of tenants acquiring additional rooms.....	13
Houses reconditioned by general repairs (including repointing external walls and chimneys, roofs and spouting over- hauled, doors, windows and ranges repaired or renewed, floors, internal walls and ceilings repaired, handrails and stairs renewed)	192

House Refuse Bins.

The Cleansing Department supplied 516 standard ashbins, 52 of which were required by notices served upon owners of 48 dwelling-houses. In their default requisitions to supply ashbins were sent to the Cleansing Department and charged to the owners of properties. 369 ashbins were supplied to Corporation houses and 18 to schools to replace ashpits, etc.

With the view of reducing the amount of litter and rubbish in back streets largely due to the activities of rag pickers opening the hatch doors of ash receptacles, intimations were sent out by arrangement with the Cleansing Department requesting the co-operation of the owners. As a result 354 brick ash receptacles with doors opening into the back streets were voluntarily closed up, and galvanized ashbins were provided without charge.

(4) Sanitary Inspection of Public Buildings.

The following premises are subject to annual licences by the Licensing Justices, and before the licences are renewed, a certificate is required that the sanitary conditions are in order.

Theatres and Music Halls	1
Picture Halls	11
Halls with Dancing, etc. licences	35
Billiard Saloons	6

83 inspections were made, and the following defects dealt with :—

Conveniences, Lighting provided	6
„ (walls and W.C. basins) cleansed.....	8
„ (basins, cisterns, etc.) repaired.....	8
Urinals cleansed and repaired.....	6
Other defects remedied	6

Generally speaking, the premises were kept in a satisfactory sanitary condition and certificates were issued accordingly.

(5) **Common Lodging Houses.**

The four remaining Common Lodging Houses were removed from the Register in March, 1936, for the following reasons :—

Hawks Yard. Clearance Order. Demolished.
Dobson's Court. Clearance Order. To be demolished.
Smiths Yard. Closing Order. Closed.
7, Brandling Street. Closed by owner.

(6) **Houses Let in Lodgings.**

There are 14 tenement houses in which 49 rooms are let as furnished lodgings. Clearance Orders have resulted in many of these lodgings being removed and others will be demolished shortly.

As a result of the demolition of these houses and of the Common Lodging Houses, it is found that some larger houses are being let in single rooms to men lodgers, with a common room for meals.

The new Public Health Act, 1936, which comes into operation in October, 1937, alters the definition of what is to be deemed a Common Lodging House and will enable control to be exercised over such lodgings.

(7) **Offensive Trades and Knackers.**

Tallow and Fat Melters.....	3
Gut Scrapers and Tripe Preparers	2
Fish Fryers	83
Marine Store Dealers	9

Total on register 97

Four new licences and six transfers were granted, and one application was refused. Four premises were converted to other uses.

The trades were found to be very satisfactorily conducted.

Knacker's Yard.

1349 horses, 256 cattle, 723 cows, 6 sheep and 8 pigs were disposed of at Dobson's Knacker's Yard, South Shore Road. No complaints were received or made as to the conduct of this business.

(8) Bakehouses.

Factory Bakehouses	4
Workshop Bakehouses	45
Domestic Bakehouses	26
	—
Total on register	75
	—

The sanitary conditions on inspection were generally satisfactory, and any defects or neglect of cleanliness were promptly attended to.

There are no underground bakehouses in the Borough.

(9) Shops Inspection.

Under the provisions of the Shops Act, 1934, 717 visits were made to inspect sanitary conveniences and other arrangements for the welfare of persons employed.

Fertilisers and Feeding Stuffs.

Nineteen visits of inspection were paid to premises where fertilisers and feeding stuffs were sold.

(10) Merchandise Marks Act.

In the course of shops inspections, attention was drawn where necessary to the provisions of the Act and Orders as to labelling of meat, fruit, etc., with an indication of origin.

(11) Rats and Mice (Destruction) Act.

Work under this heading was carried out throughout the year ; 46 complaints were received, and 147 houses were found to be infested. The inspectors made 334 visits, and dealt with 55 defective drains and 62 various housing defects, broken floors, decayed walls, paving, and absence of airgrates, etc., which allowed harbourage or ingress to dwellings,

The remedy of these defects together with the use of various types of poison baits, rat lime, traps, etc., resulted in most of the premises being cleared. 305 rats were found dead.

The gradual clearance of old buildings in slum areas is resulting in the removal of many sources of infestation.

During National Rat Week in November, 200 placards, issued by the Ministry of Agriculture and Fisheries, were displayed throughout the town emphasising the necessity for special action, and offering the advice and help of the staff.

(12) Verminous Dwellings.

Advice was sought by 187 tenants complaining of infestation by bugs and beetles. Insecticides were given, rooms sprayed, and attention directed to cleanliness. 394 visits were made. Two corporation and two private houses were fumigated with cyanide gas with good results, following failure of other methods.

Disinfestation by fumigation with cyanide gas was carried out in the case of all removals from Slum Clearance properties to new houses ; the work was undertaken by a firm specialising in the work, and the furniture and bedding of 424 tenants comprising 317 van loads was dealt with.

(13) Smoke Abatement.

20 visits were made and 6 observations taken of chimneys and advice given as to the means of reducing the nuisance arising therefrom. Attention was directed to methods of stoking, class of fuel, etc.

The chief offenders in the emission of dense smoke and grit were industrial processes engaged in coke, nut and bolt and iron foundry work. In our visits to these factories we had the valuable assistance and advice of the local inspector of the Ministry of Health (Alkali Works Department).

(14) Infectious Diseases.

485 visits were made to cases of infectious disease notified to the Medical Officer of Health, and housing conditions, means of isolation, milk supply, etc., were enquired into.

(15) Factory and Workshops Act.

A statement in the form required by the Home Office is given herewith. The defects listed were remedied without recourse to written notice or prosecution.

FACTORY AND WORKSHOPS ACT, 1901.

1.—INSPECTIONS.

	Inspections.	Written Notices	Prosecutions.
Factories.....	51	—	—
Workshops	290	—	—
Workplaces	114	—	—
Total ...	455	—	—

2.—DEFECTS FOUND.

	Found.	Remedied.
Nuisances under Public Health Acts :—		
Want of Cleanliness...	4	4
Want of Ventilation	—	—
Other Nuisances	3	3
Sanitary Accommodation :—		
Insufficient	1	1
Unsuitable or Defective	2	2
Not Separate for Sexes	2	2
Total ...	12	12

REGISTERED WORKSHOPS AND WORKPLACES:

Laundries	2
Bakehouses	71
Tailors	14
Dressmakers	28
Miliners	17
Drysalters	4
Joiners, and Cabinet Makers	24
Cartwrights and Smiths	10
Plumbers	13
Motor Repairers	15
Various Handicrafts	46
Others	172
	416

R. W. WILKINSON,
Chief Sanitary Inspector.

IV. Housing of the Working Classes.

Part IV.—HOUSING.

No health problem bristles with more difficulties than housing, for not only are the results of bad housing conditions manifested in health statistics, but poor environmental conditions are normally the accompaniments of poverty along with such other features as malnutrition and overcrowding. All of these factors tend to exert a cumulative ill-effect on the public health, and it is difficult to separate the influence of one from another. The lack of privacy for the family and for the individual members of the family has not helped, to say the least, in maintaining the standard of public morality.

It has always been a matter of debate whether the slums created the slum-dwellers or vice versa. Whatever the initial cause, there can be no doubt that life in a slum is a vicious circle in which the highest of human aspirations may very quickly be submerged in a general hopelessness of outlook. That removal of slum-dwellers to the well appointed houses of local authorities has been the proper policy to break the circle is shown by a favourable reaction of nine-tenths of the transferred families to their new conditions. Mental outlook, hygienic behaviour and family pride all undergo a marked change for the better as a direct consequence of the altered surroundings. The experiment may not have been entirely successful inasmuch as there are some families who have been slow to reap the advantage of their changed circumstances. In these relatively few cases, however, the proper spacing and design of new houses has prevented any moral contagion in the spread of careless habits to others, a state of affairs which was not true of tenants of slumdom. Indeed it is no uncommon experience for the house-proud ex-slum dweller to lodge complaints in respect of the conduct of former neighbours who have failed to react. It follows that the pressure of public opinion will in time coerce the recalcitrant few into an all-round improvement of social habits and customs.

The social effects of the housing policy of the nation are not altogether above criticism. Removal of a worker to a house some distance away from his work entails an added weekly expense.

Notwithstanding generous exchequer assistance to rehousing activities, the rents of corporation houses remain somewhat higher than the rents of abandoned slums, an additional expense to the wage-earning householder. The more spacious accommodation

provided for the family means extra fires, more artificial illumination and the necessity to cultivate a garden, all of which may add considerably to the weekly budget. The result is the depletion of the income available for food and clothing and the consequent consumption of cheap starchy foods, such as bread, in place of essential meat and dairy products, a state that leads to malnutrition especially in the young. The schedule of rents adjusted for income as applicable locally is given below :—

Scale of Rents adopted 1934 for Slum Clearance.

WEEKLY. (Including Rates).

GRADUATIONS OF INCOME.	26/-	28/-	30/-	32/-	34/-	36/-	38/-	40/-	43/-	46/-	50/-
3 ROOMS.											
2 Persons	6/-	6/6	7/6	8/6	9/6	10/6					
3 ,,	6/-	6/6	7/6	8/6	9/6	10/6					
4 & 5 ,,	6/-	6/-	6/6	7/6	8/6	9/6	10/-	10/6			
4 ROOMS.											
4 & 5 Persons	6/-	6/-	6/6	7/6	8/6	9/6	10/-	11/-	12/-	12/6	
6 & 7 ,,	6/-	6/-	6/-	6/6	7/6	8/6	9/6	10/-	11/-	12/6	
5 ROOMS.											
4 & 5 Persons	6/-	6/-	6/6	7/6	8/6	9/6	10/-	11/-	12/-	12/6	14/6
6 & 7 ,,	6/-	6/-	6/-	6/6	7/6	8/6	9/6	10/-	11/-	12/6	14/6
8 & over	6/-	6/-	6/-	6/6	7/-	7/6	8/6	9/6	10/6	12/6	14/6

A local difficulty in respect of housing is the shortage of available land within the Borough. The areas cleared by the operation of the Housing Acts are of restricted size and all the other available land has been largely utilised already. It seems therefore that some policy of extension of the Borough is inevitable, and that until then it will be necessary to resort to the building of blocks of self-contained flats.

The following table reproduces in summary form the housing activities of the Health Department in 1936 :—

1. *Inspection of Dwelling Houses during the year :—*

1. (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	2458
(b) Number of inspections made for the purpose.....	6479
2. (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	344
(b) Number of inspections made for the purpose.....	946
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	237
4. Number of dwelling-houses (exclusive of those referred to under the preceding subhead) found not to be in all respects reasonably fit for human habitation ...	675

2. *Remedy of Defects during the year without service of notices :—*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	607
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3. *Action under Statutory Powers during the year :—*

(A) Proceedings under Section 17, 18 and 23 of the Housing Act, 1930

(1) Number of dwelling-houses in respect of which notices were served requiring repairs.....	4
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	4
(b) By Local Authority in default of Owners...	—

(B) Proceedings under the Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	41
(2) Number of dwelling-houses in which defects were remedied after service of formal notices.....	
(a) By Owners	31
(b) By Local Authority in default of Owners...	—

(C) Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	19
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	12

(D) Proceedings under Section 20 of the Housing Act, 1930 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made.....	14
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

4. *Housing Act, 1935—Overcrowding.*

a. (1) Number of dwellings overcrowded at the end of the year	4183
(ii) Number of families dwelling therein.....	4758
(iii) Number of persons dwelling therein	24906
b. Number of new cases of overcrowding reported during the year.....	35
c. (i) Number of cases of overcrowding relieved during the year.....	nil
(ii) Number of persons concerned in such cases	nil
d. Dwelling-houses in which overcrowding has recurred after abatement by the local authority.....	nil

A. SLUM CLEARANCE.

In 1933 the town was surveyed by my predecessor and a slum clearance programme, involving 989 houses and 1989 families resident therein, was approved. Subsequent additions to the programme found necessary raised the number of houses to be dealt with to 1176, involving 2175 tenants.

Of these numbers, by the end of 1935, 180 houses had been dealt with by clearance or closing under the Housing Acts, and 580 tenants were subsequently rehoused.

During the year 1936, proceedings under the Housing Acts were confirmed for the clearance or closure of a further 221 houses with 284 tenants as laid out in the following list. Where the area has been purchased by the local authority, the number of the compulsory purchase order is appended.

CLEARANCE AREAS (Confirmed in 1936).

Area	Designation.	Separate Dwellings.	Tenants	Persons	Occupied		Unoccupied		Compulsory Purchase Order.
					Rooms	Shops	Rooms	Shops	
9c	Garden Street	10	17	61	27	1	—	—	—
24d	Atkinson Terrace,	9	12	50	18	—	—	—	—
24e	Annie's Terrace,	14	14	65	28	—	—	—	—
26	Southend Terrace,	20	20	74	40	—	—	—	—
9d	Raglan Terrace,	7	12	49	23	1	—	1	—
9a	Raglan Terrace,	21	24	104	58	1	—	1	9A
9b	Oakwellgate,	4	3	17	8	4	—	—	9B
31	Ship Lane,	82	84	353	166	3	—	—	31
40	Wrekenton Row,	9	9	40	18	—	—	—	40
36	Mulgrave Terrace,	12	39	142	—	—	—	—	—
37	Scotts Row,	14	21	77	31	1	4	—	—
38	Victoria Street,	5	4	11	6	—	4	1	—
39	Ellison Street,	14	25	94	49	1	16	—	—
	Total	221	284	1137	472	12	24	3	

The tenants listed above are being rehoused at Deckham and elsewhere.

The position is that at the end of 1936, 15 areas involving 775 houses and 1162 tenants are yet to be dealt with under the five-year plan. The reduction in the number of tenants to be provided for by 149 as compared with the original estimate is due to removals and deaths in the interval since 1933. These 1162 tenants are classifiable as 144 single persons, 212 families of two persons, 225 families of three, 199 families of four, 239 families of 5 or 6, and 143 families of seven or over.

It is certain that when the five year programme is completed in 1939, a supplementary programme will require to be drawn up for houses, which were not included in the original programme and now warrant demolition. In the supplementary programme to be represented, there is estimated to be 1336 separate occupied dwellings. These are tenanted by 143 single persons, 241 families of two persons, 316 families of three, 253 families of four and over, 283 families of 5 or 6 and 100 families of seven persons or over.

B. Overcrowding.

The provisions of the Housing Act, 1935, with respect to the preliminary survey of the area for overcrowding were carried out during the year. Enumerators were engaged and there were visited 29,026 houses, in which resided 31,181 families. 4,758 families living in 4,183 houses were found to be overcrowded.

Two tables of the Report on Overcrowding published in July, 1936, are included herewith:—

Statement of Families Overcrowded as shown by the Preliminary Survey (July 1936).

No. of Adults in Family.	Permitted Number of "Adults" in Number of Rooms Occupied.																					Totals
	1 Room			2 Rooms		3 Rooms			4 Rooms			5 Rooms				6 Rooms and over						
	$\frac{1}{2}$	1	1½	2	2½	3	3½	4	4½	5	5½	6	6½	7	7½	8	8½	9	9½	10		
1	5	9	7	804	2	521				345		247	1			74			3		63	2,081
1½				26	1	35	1			18		2									1	84
2	2	3	2	495	15	1595	2	3	2	2122	1	1423	1	2	5	557			7		465	6,702
2½				260	8	840	2	3	2	1035	2	479	1	2		170			1		74	2,879
3	1	3	1	258	11	1300	5	3	7	2085	3	1440	10	9	5	578	3		11		641	6,374
3½			1	92	2	417	1	1	2	659	3	363	2	1	2	118			2		87	1,753
4				89	4	739	3	4	13	1057	3	1180	18	21		455	1	1	20		593	4,201
4½				38	2	267		8		378	5	307	4	5	3	83			2		92	1,203
5				41		427	3	2	21	575	6	654	19	15	9	284	1	6	10		380	2,453
5½				18	1	216	1	1	6	213	5	188	7	6	13	47		2	4		74	802
6				17	1	226		2	3	256	35	125	44	25	42	100	3	7	4		199	1,089
6½				12		132	1	1	6	117	18	41	19	8	18	34	1	9	1		46	464
7				3		88	1	1	2	126	19	46	17	7	17	48	2	14	6	1	85	483
7½				2		39			4	51	7	26	3	3	7	18	2	5	3		34	204
8						33				28	5	28	4	2	8	8	9	6	3		37	171
8½				1		21			3	14	4	18	2	1	5	5	4	6	4	1	18	103
9						9	1		2	14	2	9	1	1	3	5	4	1	3		20	76
9½						1				4		8					1	3			8	25
10										2		2	1	1	1			3	1		11	20
10½																			1		1	3
11										2								1	1		2	5
11½																	1				1	1
12												1					1				2	4
12½																						
13																					1	1
Total ...	8	15	11	2156	47	6906	21	29	81	9101	118	6587	154	109	138	2584	28	62	86	5	2,935	31,181
No. of Families Overcrowded owing to Number. Owing to Sex Separation	8	6	4	831	21	2615	10	15	47	827	90	179	28	8	17	10	6	4	2	1		4,729
Total ...	8	6	4	860	21	2615	10	15	47	827	90	179	28	8	17	10	6	4	2	1		4,758

TABLE B.

Statement of Housing Accommodation of the Borough as shown by the Preliminary Survey (July 1936).

		Size of House.						
		1 Room	2 Rooms	3 Rooms	4 Rooms	5 Rooms	6 Rooms and over	Total
Houses Surveyed	Fit Houses Privately owned	202	4,617 175	7,875 1,167	6,965 560	2,614 207	3,304	25,577 2,109
	" " belonging to the Local Authority							
	Unfit Houses	202 125	4,792 714	9,042 233	7,525 144	2,821 45	3,304 79	27,686 1,340
Houses Overcrowded	Fit Houses Privately owned	327	5,506	9,275	7,669	2,866	3,383	29,026
	" " belonging to the Local Authority	129	1,846 51	858 55	461 15	58 2	70	3,422 123
	Unfit Houses	129 77	1,897 346	913 76	476 69	60 25	70 45	3,545 638
Percentage Overcrowded	Fit Houses Privately owned	206	2,243	989	545	85	115	4,183
	" " belonging to the Local Authority	63.9	40.0 29.1	10.9 4.7	6.6 2.7	2.2 1.0	2.0	13.4 5.8
	Total Fit Houses	63.9	39.6	10.1	6.3	2.1	2.0	12.8
Fit Houses	Unfit Houses	61.6	48.5	32.6	47.9	55.5	57.0	47.6
	Total Houses	63.0	40.7	10.7	7.1	3.0	3.4	14.4
	Required to abate Overcrowding	72	354	1,662	1,491	232	7	3,818
Fit Houses	To be rendered vacant during Process of De-crowding	335	2,025	841	335	23	3	3,562
	Empty at date of Survey	2	8	8	16	32	97	163
	Estimated Surplus	337	2,033	849	351	55	100	3,725
Required to rehouse Tenants from unfit houses	New Houses Required	265	1,679	813	1,140	177	93	2,037 2,130
		517	468	516	225	22		1,748

The statistics referable to unfit houses in Table B refer only to houses listed in the 5-year programme of slum clearance.

It will be noted in Table B. that reference is made to 1340 unfit houses whereas the slum clearance section of this report refers only to 1175 unfit houses. The difference in these two figures is due to the fact that a flatted house is regarded as one house for slum clearance returns, while each flat occupied separately as a house is regarded as one house in the overcrowding returns. One problem that has given rise to difficulty has been the comparative frequency of the splitting up of premises, at one time intended to form a distinct dwelling house, into two, three or more constituent dwellings. Frequently this has been done by the landlord, but in other cases it is the result of subletting by the principal tenant. It is difficult in these cases to know how to classify the tenants.

The first appointed day under this Act was 1st January, 1937. Meantime the work of measuring and investigating the application of the sex separation factor to the houses is being continued by the staff of 11 enumerators. 9000 houses had been measured by the end of 1936. It is not known how far the measurements and the application of the sex factor will result in an increase of the new houses required to abate overcrowding.

C. HOUSING NEEDS OF THE AREA.

From the programme of slum clearance, it is evident that 2498 tenants still occupying unfit houses at the end of the year will be displaced in the future and will each require to be rehoused in a new corporation house or otherwise. 1162 tenants are in the areas scheduled in the 5-year plan, while 1336 additional tenants are in houses earmarked to be included in the supplementary programme. Included in the 2498 tenancies are 287 single persons who have normally not been rehoused in corporation dwellings.

From the overcrowding survey, it was estimated in July, 1936, that 2130 new houses (made up of 813 houses of 3 apartments, 1140 houses of four apartments and 177 houses of five apartments) would be required to abate overcrowding. A surplus 1679 houses of two apartments and 265 houses of one apartment will be apparently rendered vacant by decrowding, but this is not accurate inasmuch as approximately 800 separate dwellings of one or two rooms have been included in the supplementary programme of slum clearance already referred to and will therefore not be available,

Only about 1150 two apartment houses can be considered as still available for use as dwellings.

If it were feasible for some arrangement to be made with the local landlords, it would then be possible to rehouse single tenants or elderly married couples displaced from clearance areas in some of these two apartment houses and so release the alternative accommodation provided by the local authority in respect of slum clearance to be partly used for the relief of overcrowding by housing families of three or more persons.

In effect an exchange might be arranged with benefit to the local authority and private landlords.

There are altogether 740 tenancies of one or two persons in the clearance areas projected. These would absorb a like number of the 1150 two apartment houses to be rendered surplus by the operations of the overcrowding provisions of the Housing Acts, leaving 410 houses which might be capable of reconstruction into houses of four apartments at the expense of a diminution in number of the houses available to the region of 200.

The housing needs of the area, without considering the houses required to meet the natural increase of population may be worked out as follows :—

Tables showing the Houses required in the Area.

	Tenants to be displaced arranged according to Number of Persons in Family.						Total.
	One	Two	Three	Four	Five & Six.	Seven & Over	
<i>c.</i> 5-year programme	144	212	225	199	239	143	1162
<i>b.</i> Supplementary programme	143	241	316	253	283	100	1336
<i>c.</i> Total number of Tenants	287	453	541	452	522	243	2498

Size of House.	2 Apartments	3 Apartments	4 Apartments	5 Apartments	All sizes
<i>d.</i> Houses required for tenants displaced from slums clearance areas.	740	993	522	243	2498
<i>e.</i> Houses required for relief of Overcrowding	—	813	1140	177	2130
<i>f.</i> Gross Housing needs of area	740	1806	1662	420	4628

The possible use of the surplus 1150 2-apartment houses to be rendered vacant by the relief of overcrowding in either of two ways will reduce this estimate as shown in scheme A or B,

Scheme A.—Surplus used mainly to rehouse families of single persons or two persons, and remainder reconstructed to form 4-apartment houses.

Houses Required.

	2 Apartment	3 Apartment	4 Apartment	5 Apartment	Total
Gross needs	740	1806	1662	420	4628
Use of surplus	740	—	200	—	940
Nett needs	—	1806	1462	420	3688

Scheme B.—Surplus wholly reconstructed to form 4-apartment houses.

Houses Required.

	2 Apartment	3 Apartment	4 Apartment	5 Apartment	Total
Gross needs	740	1806	1662	420	4628
Use of surplus	—	—	525	—	525
Nett needs	740	1806	1137	420	4103

At the end of 1936, it was anticipated that there would be available 200 houses to be completed in 1937 at Deckham Estate, 130 new houses constructed at Old Fold Estate and 200 at Wrekenton, all of which would be utilised to meet part of the above need. There is thus an immediate need for the planning of an absolute minimum of 3158 houses within the next few years, a tremendous burden on the area.

D. HOUSING PROGRESS SINCE THE WAR.

A large number of dwelling houses have been erected since the war by private enterprise, either acting alone or by the aid of the housing subsidies which were abolished in 1929. The corporation has itself built a number of houses for persons of the working class but in 1936, the corporation took advantage of the provisions of the 1935 Act allowing it to delegate the building of houses. The North Eastern Housing Association will under this arrangement be responsible for carrying out the actual building and management of most of the houses built under the Housing Acts, but the Church Army Housing, Limited, has also received recognition in a working arrangement with the corporation.

Private houses completed and occupied 1919-1936	2796
Corporation Houses completed and occupied 1919-1936	2360
Slum Clearance Houses under construction December, 1936	572
Corporation Houses under construction, 1936 (Teams)	24
Slum Clearance Houses planned at Wrekenton (North Eastern Housing Association)	204

V. Supervision of Food.

Part V. INSPECTION AND SUPERVISION OF FOOD

A. MILK AND DAIRIES.

1. Registration and Inspection.

Cowbyres.

At the end of 1936 there were 13 cowbyres in the Borough registered as dairies with a total of roughly 200 dairy cows on the average. The herds are of varying sizes, five containing more than twenty cows, and five less than ten.

The owners of two of these herds are licensed for the production of "Accredited" milk, one licence being a continuation of a "Grade A" licence, and the other granted as the result of a first application during the year.

The cowbyres are inspected regularly by the District Sanitary Inspectors, and attention is directed towards the cleanliness and sanitary condition of the animals' premises and utensils, while regular limewashing is insisted on. 164 visits of inspection were made in 1936.

One new dairy was constructed and one cowbyre reconstructed by the provision of concrete floors and new stall fittings, while general repairs were also carried out. The provisions of the Milk and Dairies Order, 1926, are adhered to within the Borough.

Milk Retailers.

Premises used for the sale of Milk in the Borough amount to 290, but 143 of these are registered for the sale of milk in bottles only. 141 persons are registered in respect of the 147 milk shops, and a further 18 dairymen, whose registered premises are outside the Borough, are registered in respect of the sale of milk from cars or carts within the Borough.

General attention is paid by the district sanitary inspectors to the enforcement of cleanliness of storage and utensils as provided in the Order of 1926.

2. Purity of Milk.

Samples of milk for informal examination were taken in 101 cases and tested by the Gerber process, with five non genuine. Formal samples were taken to the number of 66, and of these 9 were adulterated as shown by deficient fat or non-fatty solids. In three instances, proceedings were taken in court against the offenders, but the charges were dismissed by the justices. Four vendors were cautioned.

Nineteen samples of ordinary milk were submitted to the inoculation test for tuberculosis. All were negative.

Ten samples of ordinary milk were subjected to bacteriological test for total organisms per c.c. and presence of B. Coli. These samples, with two exceptions, were very unsatisfactory.

3. Milk (Special Designations) Orders 1923 and 1936.

Last year there were eighteen licences issued to eleven firms under the above orders, one for production, three for bottling and fourteen for retailing. The retail licences were 3 for certified milk, 7 for Grade A "TT," 3 for Grade A and one for pasteurised.

At the end of 1936, an additional producer's licence was granted in respect of "Accredited milk" while the licences for retailing certified and Grade A "TT" milk were transformed into licences to sell "Tuberculin Tested" Milk and licences to retail Grade A milk to sell "Accredited milk."

The following table summarises the position:—

Producers.—2 firms licensed for "Accredited" milk production and retail.

Dealers.—One firm licensed to retail "Tuberculin Tested," "Accredited," and Pasteurised milk.

One firm licensed to retail "Tuberculin Tested" and Pasteurised milk.

Six firms licensed to retail "Tuberculin Tested" milk.

Three firms licensed to retail "Accredited" milk.

One firm licensed to pasteurise and retail pasteurised milk.

The producers' herds are inspected by the Veterinary Officer prior to licence being granted, while the pasteurising plant in the Borough is regularly supervised. All these firms possess a sterilising plant for bottles and utensils.

Results of Bacteriological Examination.

Designation.	Total Samples	Satisfactory	Failed to Comply	Source.
Tuberculin Tested (Certified.)	23	12	11	Outside Borough
Accredited (Grade A)	3	—	3	Within Borough
Pasteurised	9	—	9	Four within Borough, five outside.

In the case of unsatisfactory samples from sources outside the Borough, the Medical Officer of Health of the district (or in the case of certified milk, the Ministry) was informed of the result. The sources of the "Accredited" milk within the Borough were closely supervised, while the pasteurisation plant was inspected and representations made to the person in charge.

4. Report of Action Taken by the Veterinary Inspector (T. R. Jarvie, Esq., M.R.C.V.S.) and the Inspector of the Local Authority under the Diseases of Animals Acts and Orders.

The Borough continued to be very free from any serious contagious disease amongst animals.

Live Stock Auction Marts.

The following is a statement of the number of animals which passed through Messrs. Maughan's three auction marts, Tyne Road East, during the year under review.

Fat Stock for Slaughter.

	1935	1936
Cattle	14170	15050
Sheep	42000	42650
Calves.....	310	250
Pigs	400	340
	<hr/>	<hr/>
	56880	58290
	<hr/>	<hr/>

Store Animals.

Cattle	19950	21900
Sheep	—	—
Dairy Cows	1380	1615
Pigs	—	—
	<hr/>	<hr/>
	21330	23515
	<hr/>	<hr/>
Total of all animals	78210	81805
	<hr/>	<hr/>

Sales were held on three days per week, up to end of July and thereafter only on Tuesdays and Thursdays.

Mondays.—Fat stock for slaughter.

Tuesdays.—Freshly landed Irish cattle and other store cattle.

Fridays.—Fat stock for slaughter. Dairy cows (newly calved).

Your Veterinary Inspector attended 124 sales and examined the stock sent in, and one of my staff (Mr. Carter) also attended for the purpose of issuing licences for movement of cattle, sheep and swine, and for purposes of general supervision in accordance with the various Orders issued by the Ministry of Agriculture and Fisheries.

Sheep (Movement) Orders.

Under the Sheep (Movement in Scotland and Northumberland) Order of 1933, which came into operation on 1st May, 1933, the following licences were granted :—

578 licences for 19978 sheep to slaughterhouses.

22 licences for 568 sheep to markets.

600

20546

Irish Animals Order.

266 licences were received from the Inspectors of the Ministry at the various Irish animals' landing places and these were checked against the arrival of 13,356 cattle. 50 sales were held at which 772 licences were issued for removal to farms, while copies were sent to the Local Authorities of the areas to which cattle were consigned, to enable movement and detention to be controlled.

Transit of Animals Order.

Cleansing and disinfection of road vehicles used for the conveyance of animals to and from markets received attention at the washing dock provided by the proprietors of the Market at Redheugh Bridge Road, and 2,197 vehicles were dealt with.

Swine Fever.

Two suspected outbreaks of Swine Fever were reported to the Ministry of Agriculture and Fisheries, one of which was confirmed after Veterinary examination. 100 pigs were involved, of which 90 were specially licensed to a slaughter-house, and the remainder were destroyed. Disinfection and cleansing were carried out in accordance with the Orders.

The district inspectors made 173 visits to piggeries, including those for the purpose of checking the registers of movement, and to see that the Orders relating to the boiling of food stuffs and the Packing Materials Orders, etc. were complied with.

Swine (Movement) Orders.

Under the Swine (Regulation of Movement) Orders, licences for the movement of 4,517 pigs were issued and received and checked in the course of slaughterhouse and piggery inspection as follows :—

Into the Borough.

20 licences for 110 store pigs to piggeries.
392 licences for 1896 fat pigs to slaughterhouse.

Out of the Borough.

18 licences for 66 store pigs.
340 licences for 2388 fat pigs to slaughterhouses.
8 licences for 57 fat pigs to markets.

Control of Movement.

For the purposes of the Control of Movement of Animals 634 declaration forms were made out and 1740 licences issued for the movement of 36512 animals out of the Borough.

678 licences dealing with 15371 animals into the Borough were received and checked.

Tuberculosis Order.

Monthly visits were made to cowbyres in the Borough for the purpose of this Order. The number of cows inspected varied from 245 to 196 per month.

14 samples of Milk were tested for Tuberculosis, giving negative results in 12 cases, and positive results in 2 cases.

In these latter cases, two cows suspected to be diseased were slaughtered and found to be affected with Tuberculosis, one in an advanced stage and one not advanced.

Two cows inspected at the Cattle Mart were suspected to be tubercular, and notices were served upon the owners requiring their removal. One animal was sent to the Knacker's Yard, and the other was sent back to the premises from which it came, the Local Authority of the district being notified of the action taken.

THOS. R. JARVIE, Veterinary Inspector
R. W. WILKINSON, Inspector
under the Diseases of Animals Acts.

B. INSPECTION OF MEAT AND OTHER FOODS.

Slaughterhouses.

There are 12 privately owned slaughterhouses in the Borough, 8 of which are registered and 4 licensed annually ; they are used by 33 butchers.

Number of Animals Slaughtered for Food.

	1935	1936
Cattle	1890	1965
Sheep	11826	12649
Pigs	2682	2460
Calves.....	100	83
	<hr/>	<hr/>
	16498	17157
	<hr/>	<hr/>

The inspection of meat was efficiently carried out by qualified Meat Inspectors, and 1608 visits were made during and after slaughter. No contravention of the Meat Regulations as to hours of slaughtering, etc occurred.

Attention was given to ensure sanitary conditions, regular removal of garbage and periodical limewashing. Four notices were served for the latter purpose.

There are 137 butchers and pork butchers shops, 7 tripe shops and 33 fish dealers shops under inspection. A total of 3117 visits were made for food inspection purposes as follows :—

Inspection of Meat.

Visits to Slaughterhouses	1608
Visits to shops and stalls	234
Other meat inspection visits	619
Visits to :—	
Butchers' and fish shops	247
Grocers, etc.	58
Cowsheds	164
Dairies and milkshops	164
Ice Cream premises	23
	<hr/>
	3117
	<hr/>

Slaughter of Animals Act, 1933.

The slaughter of cattle and pigs by a mechanically operated instrument was made compulsory by this Act, and such apparatus is in operation in all slaughterhouses.

The question of including sheep was again considered, but was not adopted.

119 Slaughtermen are licensed by the Local Authority under Section 3 of the Act.

Unsound Food.

As a result of inspections of slaughterhouses, butchers' shops, and other premises, 15 carcasses and other meat, weighing 3 tons 4 cwt., and 211 internal organs, were condemned as being affected with various diseased, parasitic or unsound conditions.

Meat (Weight).

	Cattle	Sheep	Pigs	Total
Generalized Tuberculosis	3430	—	970	4400 lbs.
Localized Tuberculosis	545	—	588	1133 „
Other diseased conditions	214	14	687	915 „
Totals	4189	14	2245	6448 „

Internal Organs (number).

Tubercular conditions	36	—	91	127 „
Other diseased conditions	28	14	42	84 „
Totals	64	14	133	211 „

705 lbs. of tinned meats and 363 lbs. of other foodstuffs were also condemned and destroyed.

Importation of Food Stuffs.

At the Corporation Quay, Hillgate, the following food stuffs, fruit, etc. were landed from foreign ports. Any damaged consignments, such as tinned goods or meat, were referred to the Inspector of the Tyne Port Sanitary Authority.

448,804 bags, barrels and cases, etc. of food stuffs were unloaded as against 430,159 last year.

Cereals and Flour	13256 bags
Sugar	105329 bags and cases
Salt	1320 bags
Yeast	11523 baskets
Butter	41099 casks
Tea	133 cases
Bacon	15229 boxes
Cheese	15194 boxes
Condensed Milk	117702 casks and cases
Beer and wine	436 casks
Mustard	245 casks
Chemical Salts	12650 casks
Confectionery	710 cases
Meat (tinned)	692 cases
Eggs	56062 cases
Fruit and Nuts	993 barrels and cases
Vegetables	55286 crates and bags
Other Food Stuffs	945 cases and casks

PREMISES IN WHICH FOOD IS PREPARED AND SOLD.

	Factor- ies.	Work shops.	Work places.	Shops
Bakehouses	4	45	26	—
Drysalters and Confectioners	3	4	—	—
Mineral Water and Beer Bottlers	9	—	—	—
Sausage Makers	4	—	—	—
Dairies	2	—	3	—
Brewers	2	1	—	—
Pickle and Jam Works.....	3	3	—	—
Restaurant Kitchens	—	—	12	—
Food Warehouses	2	2	—	—
Fried Fish Shops	—	—	—	83
Wet Fish Shop	—	—	—	33
Tripe Preparers	—	—	2	—
Tripe Shops	—	—	—	7
Butchers Shops	—	—	—	137
	29	55	43	260
	Total	...	...	387

C. FOOD AND DRUGS ACT.

SAMPLES TAKEN FOR ANALYSIS DURING THE YEAR 1936.

	Total	Pure	Adulterated
OFFICIAL SAMPLES.			
Milk	66	57	9
INFORMAL SAMPLES.			
Milk	101	96	5
Margarine	11	11	—
Butter	7	7	—
Lard	11	11	—
Cream Cheese	1	1	—
Tea	1	1	—
Sugar	1	1	—
Coffee	1	1	—
Flour	1	1	—
Custard Powders	3	3	—
Egg Substitutes	2	2	—
Ice Cream	5	5	—
Vinegar	3	3	—
Sweets	6	6	—
Cream Regulations.	5	5	—
Condensed Milk Regulations.	—	—	—
Preservative Regulations.			
Wafer Biscuits	2	—	2
Sausec	2	2	—
Jams	6	6	—
Aerated Waters	5	5	—
Formal	66	57	9
Informal	174	167	7
Total	240	224	16

Details are given below of the milks found to be adulterated on formal sample and the action taken in respect thereof.

Food and Drugs (Adulteration) Act, 1928.

Description.	Nature and extent of deficiency.	Action Taken
No. 58	Non-fatty Solids 5.8% Milk Fat 3.3%	Cautioned
78	Non-fatty Solids 7.8%	Cautioned
79	Non-fatty Solids 15.6% Milk Fat 19.0%	Vide 92
80	Non-fatty Solids 0.4%	Cautioned
89	Non-fatty Solids 2.9%	Vide 92
92	Non-fatty Solids 12.2% Milk Fat 14.0%	Proceedings in court Summons dismissed.
101	Non-fatty Solids 13.2% Milk Fat 1.3%	„
102	Non-fatty Solids 12.9%	„
115	Non-fatty Solids 3.4%	Cautioned

Preservatives in Food Regulations 1925-1927.

Two samples of Wafer Biscuits were taken and found to contain Boric Acid to the extent of 100 parts per million.

These biscuits were from a consignment which was notified by the Port of London Health Department as having been found to contain Boric Acid, and part of which had been sent to a warehouse in this Borough.

The purchaser voluntarily surrendered the whole stock of the biscuits in his possession.

Two samples of Black Currant Jam and three samples of Aerated Waters contained sulphurous acid as a preservative.

No preservative was reported in any sample of milk.

D. FOOD POISONING.

No definite case of food poisoning came to the notice of the Medical Officer during the year.

Two children living in Cotfield Street were seized at an interval of 24 hours between each case with symptoms suggestive of acute gastro-enteritis. Faeces and blood were examined with negative results, although the blood of one child agglutinated Flexner dysentery bacilli. No vehicle of infection could be determined.

In December, a child of 7 years was suddenly taken ill with gastro-enteritis and food poisoning was suspected. Faeces examination revealed the case to be one of Sonne dysentery, and subsequently two other cases occurred in the same household. Again no vehicle of infection could be discovered.

VI. Prevention and Treatment of Disease.

Part VI.—PREVENTION AND TREATMENT OF DISEASE.

A. INFECTIOUS DISEASES.

(1) Notifiable Disease.

There were 712 notifications of infectious disease other than tuberculosis and 296 of tuberculosis, as compared with 823 and 249, the respective figures for 1935. The cases notified are summarised below :—

Disease.	Cases Notified	Deaths	Removed to Hospital	Deaths in Hospital
Scarlet Fever.....	356	1	247	1
Diphtheria	151	8	132	8
Enteric Fever	0	0	0	0
Dysentery	4	0	4	0
Puerperal Fever and Pyrexia	11	3	6	3
Erysipelas	72	1	15	0
Acute Poliomyelitis	1	0	0	0
Cerebrospinal Fever	2	2	2	2
Ophthalmia Neonatorum ...	10	0	4	0
Acute Primary and Influenzal Pneumonia	105	94	6	0
	712			
Tuberculosis :—				
Pulmonary	225	104*		
Non-pulmonary	71	30*		
	1008	243		

*These are the figures compiled by the Registrar General for the year and do not refer to deaths of cases notified during the year.

Scarlet Fever.

The disease was of mildly epidemic prevalence throughout the year with maximal incidence in Spring and Autumn. The type was on the whole mild, and one death occurred from toxæmia. Hospital isolation was practised in cases living in home conditions which did not allow effective isolation. No school or class showed unusual prevalence and there was no suggestion of milk infection in any case.

Diphtheria.

This disease was of low prevalence until the Autumn when cases of "gravis" type began to appear. Seven cases of laryngeal diphtheria were treated in Walkergate Hospital, Newcastle, and two of these died. In Sheriff Hill Hospital, 125 cases were treated and five deaths occurred. One death occurred at home from laryngeal diphtheria.

The practitioners of the area, on whom rests the onus of early diagnosis, have a very rapid laboratory diagnostic service, the examination of swabs from suspected cases being reported in not more than 24 hours and often considerably less. Antitoxin is freely supplied in Bayer "Serules" for prophylactic injection into suspects. Cases of clinical diphtheria are removed at any time of the day or night upon request. 76 doses of 4000 units and 44 doses of 8000 units were issued to local practitioners from the two depots for antitoxin, viz., at the Health Office and at the Police Station.

Domestic "contacts" of cases, who attend school were excluded pending the result of "swabbing" to detect "carriers." Four "carriers" were so detected and excluded from school under treatment and observation at the school clinic until free from infection.

The incidence and virulence of diphtheria has undergone a change, beginning in the autumn, whereby the disease manifests greater toxicity, rapid spread of membrane over the fauces and a tendency to severe oedema of the glands and cellular tissues of the neck. The incidence of paralysis has also increased and there is little doubt that the virulence of the prevalent organism has changed markedly for the worse, and the probability of a two or three years prevalence of diphtheria must be faced.

There was no undue prevalence in a school or class.

Immunisation of the community has not been practised. On consideration, the facilities for the performance of this mode of prophylaxis are inadequate, nor is there staff available for the purpose. It is felt that unless the saturation of immunised individuals in the community can be rapidly brought to the region of seventy-five per cent. or more, it is not worth doing, especially in the presence of an actual diphtheria epidemic. The decision is by no means final, and may be reconsidered at any time, should facilities improve.

Enteric Fever.

No definite case of enteric fever came to the notice of the Medical Officer of Health, blood tests in suspects all yielding negative agglutination responses.

Dysentery.

Four cases of dysentery were removed to hospital. One of these was considered to be Flexner Y infection by blood diagnosis, and three, all members of a family, were infected by "Sonne" type bacilli, which were recovered from the faeces,

The source of these cases remains obscure, but many milder cases of dysentery undoubtedly pass unnoticed in the community.

Puerperal Infection.

Five cases of puerperal fever and six of pyrexia were notified. Six of these cases were removed to the Princess Mary Maternity Hospital, in which institution beds are set apart for the treatment of sepsis. Three of these cases died. The remaining cases were treated at home and made good recoveries. Antitoxic serum was issued to a practitioner in attendance upon one case.

Erysipelas.

Most of the cases of erysipelas are treated at home, but six were admitted to the Sheriff Hill Hospital and nine were treated in the High Teams Institution. None of the cases treated in hospital died.

Acute Poliomyelitis.

One sporadic case of this disease was notified and treated at home by the family practitioner until non-infectious, when it was referred to the orthopaedic department of the Royal Victoria Infirmary.

Cerebrospinal Fever.

Two sporadic cases of this disease in young infants were removed to Sheriff Hill Hospital, where they died despite intensive serotherapy. Group II infections seem to be the rule here.

Ophthalmia Neonatorum.

Four cases of gonococcal ophthalmia were removed to Sheriff Hill Hospital. The cases due to other organisms were treated at home, and made perfect recoveries.

Acute Pneumonia.

Only 105 notifications were received of pneumonia, but the death returns give the names of 94 individuals as dead from all forms of the disease. Little can be done here in the form of hospital treatment apart from the voluntary hospitals of Newcastle and the High Teams Institution. Three notified cases were treated in the latter institution, two in the Children's Hospital and one in Sheriff Hill Hospital, all with success.

It is felt that all forms of pneumonia should be made notifiable, if and when accommodation for the treatment of cases is rendered available in the local infectious diseases hospital.

A table of the notification statistics is included in the appendix.

(II) Non-notifiable Infectious Disease.

Measles.

In the Spring, measles was prevalent and there were 24 deaths. Only 1 case was treated in the isolation hospital. The health visitors assisted in the home treatment of 121 cases, but there is no doubt that effective hospital treatment, at present impossible, would have prevented a number of the deaths. The deaths were usually the result of broncho-pneumonic complications.

Whooping Cough.

There were nineteen deaths from this disease and none were removed to hospital during the acute phase. One child in a debilitated condition due to a complicating empyema, was treated in hospital but died.

Both measles and whooping cough will be admitted to the extended Sheriff Hill Hospital.

Chickenpox.

A few sporadic cases came to the notice of the Health Department during the year.

Mumps.

Mumps began to be prevalent in the autumn months of the year.

Influenza.

The Borough was free from any severe outbreak of epidemic influenza during 1936, but a few sporadic cases occurred at the beginning and end of the year.

Scabies.

137 cases of scabies came to the notice of the School Medical Service and 131 were treated under the instructions of the school doctors, sulphur ointment being supplied for the purpose. Six cases elected to have treatment from their family doctors.

The disease is apparently endemic in the district, the lack of baths in many of the houses being a great hindrance to its elimination.

**B. TUBERCULOSIS (Report by S. D. Rowlands,
M.D., D.P.H, B.Hy., Clinical Tuberculosis Officer.**

1. Statistics.

Primary Notifications received during the year.

225 new cases of Pulmonary Tuberculosis were notified to the Medical Officer of Health during the year, and 71 new cases of Other Tubercular Diseases. One case of pulmonary disease and 8 cases of non-pulmonary disease died unnotified. In addition 25 notifications of Pulmonary Tuberculosis were cancelled as non-tubercular, leaving a nett total of 201 cases of Pulmonary Tuberculosis and 79 cases of Other Tubercular Diseases.

This gives nett incidence rates for the year of 1.68 Pulmonary and 0.66 Other Tubercular Diseases per 1,000 of population.

The total nett incidence rate of 2.35 per 1,000 of population for all forms of the disease is 0.35 per 1,000 greater than last year.

The total of 296 new cases notified during 1936 compares with 249 notified during 1935, which is an increase of 47. The great drop in the number of cases notified during 1935 as compared with previous years has not been maintained, but it is pleasing to note that the number of cases of Pulmonary Tuberculosis still keeps low, there being an increase of only 6 in this category. The big jump in cases of Non-pulmonary Tuberculosis is unaccountable, as for several years there has been a fairly steady decrease taking place. One hopes that this will prove to be only a temporary set-back.

Incidence rates of Tuberculosis in the Borough since 1920 are shown in the following table :—

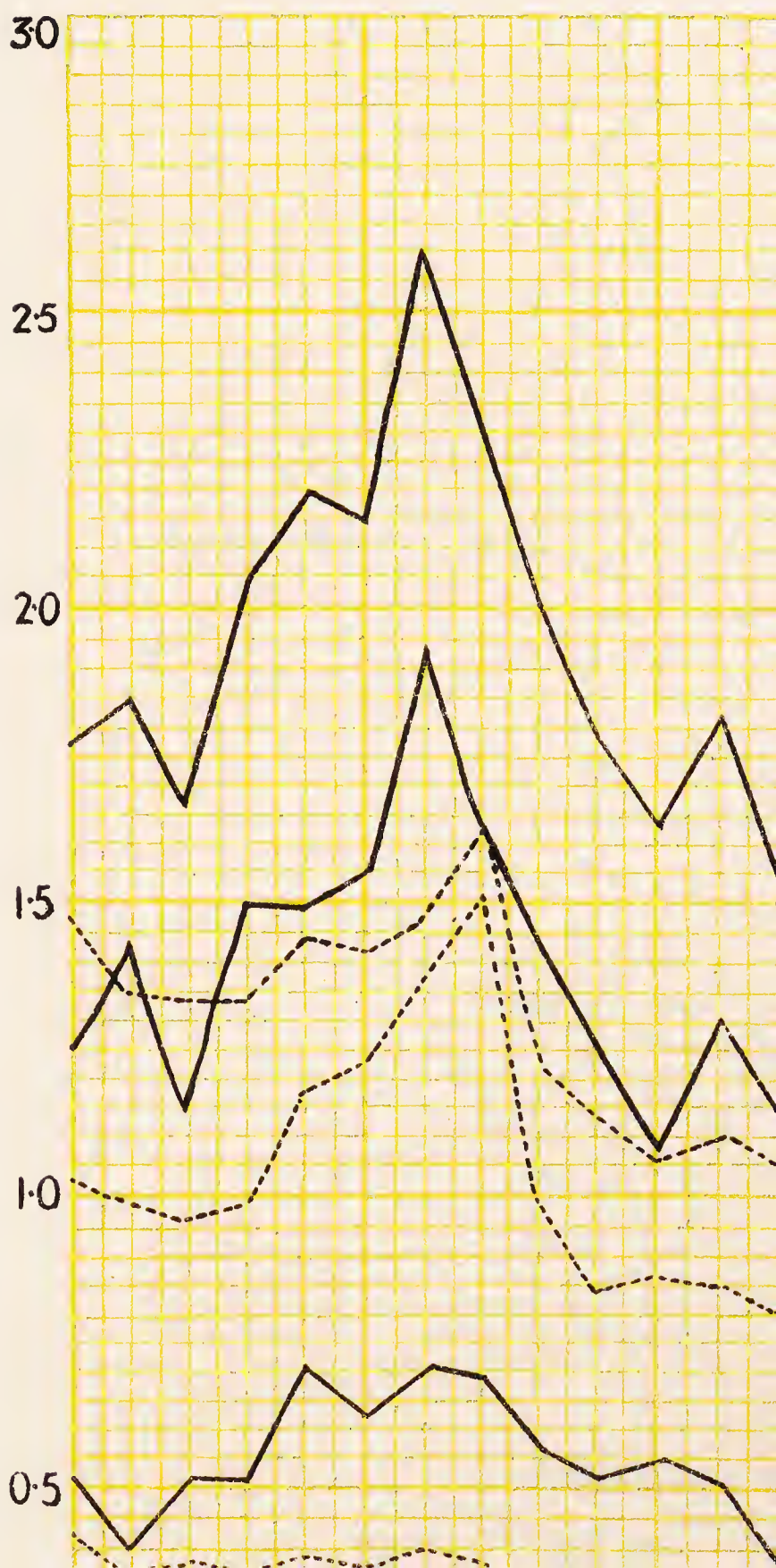
Total Number of Cases Notified. (Incidence rate per 1,000
Population).

Year.	Pulmonary Tuberculosis	Other Tuberculous Diseases	Pulmonary Tuberculosis	Other Tuberculous Diseases	Incidence Rates (all cases).
1920	424	148	3.3	1.15	4.45
1921	398	191	3.18	1.5	4.68
1922	409	184	3.21	1.44	4.65
1923	284	120	2.21	0.93	3.14
1924	272	159	2.11	1.23	3.34
1925	276	185	2.14	1.43	3.57
1926	304	159	2.38	1.24	3.62
1927	251	157	1.97	1.23	3.21
1928	339	172	2.75	1.39	4.14
1929	352	159	2.87	1.37	4.25
1930	286	122	2.33	0.99	3.32
1931	264	135	2.13	1.09	3.22
1932	279	124	2.27	1.01	3.28
1933	288	97	2.31	0.77	3.1
1934	269	68	2.18	0.55	2.73
1935	195	49	1.6	0.4	2.0
(nett)					
1936	201	79	1.68	0.66	2.35
(nett)					

County

DEATH RA

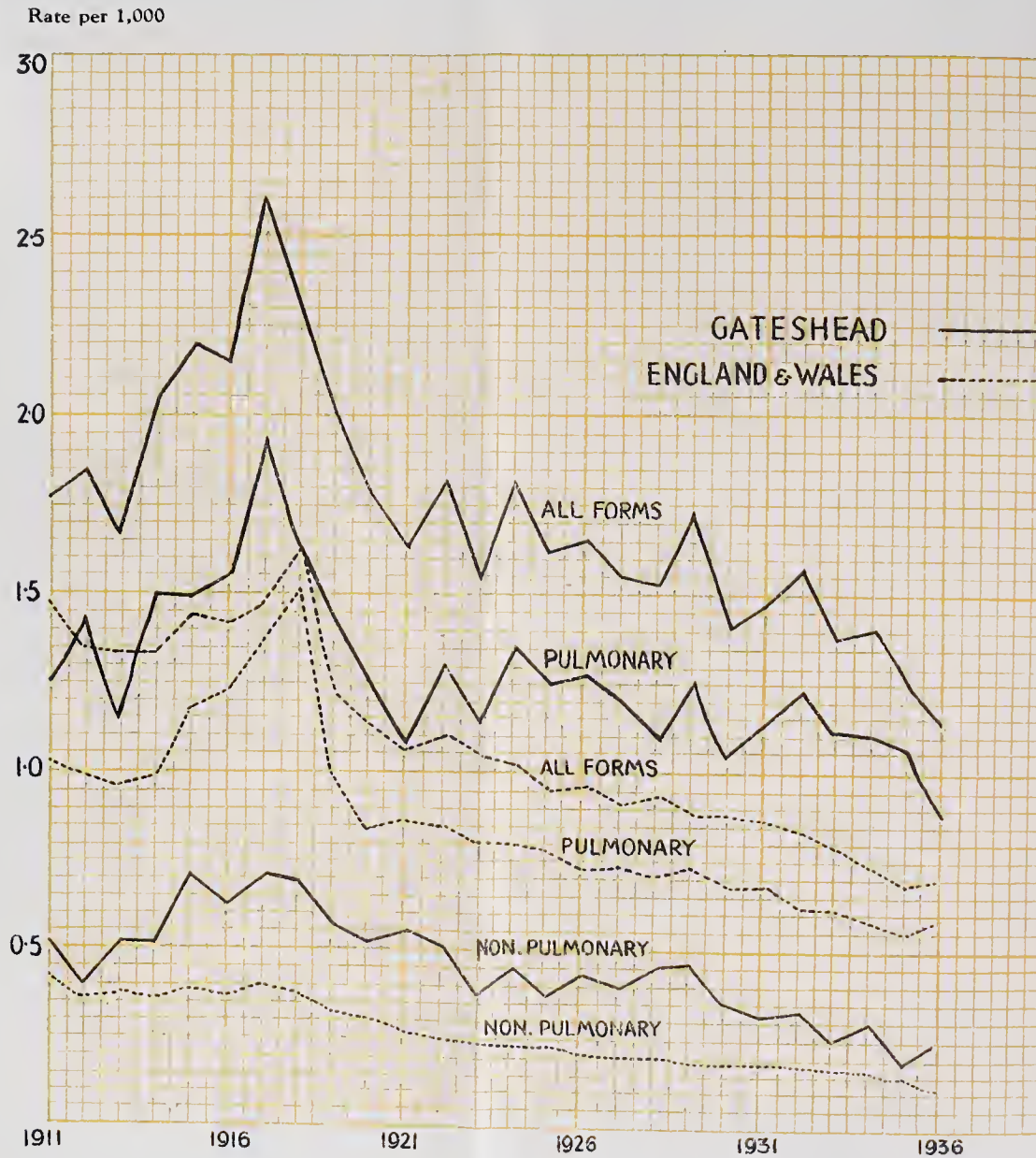
Rate per 1,000



County Borough of Gateshead

TUBERCULOSIS

DEATH RATES per 1,000 of population
1911-1936



Unnotified deaths have been added to the number of notified cases, as these cases should have been notified and their addition gives a more correct figure. Similarly, cancelled notifications of patients previously notified in error have been deleted for the year under review.

There were on the Notification Register at the end of the year 1143 cases suffering from Tuberculosis (all forms), accounted for as follows :—

Pulmonary cases	440 Males.	Non-Pulmonary	175 Males.
	385 Females.		143 Females.

Of the total 296 new cases notified, 226 attended the Dispensary seeking treatment, leaving a difference of 70 cases who are either too ill to benefit by treatment or did not wish to attend for treatment. All newly notified cases, whether they attend the Dispensary or not, are visited by a Health Visitor and a report made to the Tuberculosis Officer on their home conditions.

Of the total notifications received during the year, 34 were notified by the Tuberculosis Officer and 115 by private practitioners after consultation, giving a percentage of 50.34 cases seen by the Tuberculosis Officer prior to notification.

2. Deaths from Tuberculosis during 1936.

During the year there were registered 104 deaths from Pulmonary Tuberculosis giving a mortality rate of 0.873 per 1,000 and 30 deaths from Other Tubercular Diseases, giving a mortality rate of 0.252 per 1,000.

The total Tuberculosis Death Rate was 1.125 per 1,000 of population which is the lowest on record.

It is interesting to note that the death rate for Pulmonary Tuberculosis has for the first time dropped below 1 per 1,000 of the population. This is very encouraging and it would appear that definite progress is being made in overcoming this great cause of death in Gateshead. There has unfortunately been an increase in the death rate from Non-Pulmonary Tuberculosis, and the low record set up in 1935 has not been maintained, but the actual number of deaths is still lower than during any year previous to 1935. The fall in the death rate in Gateshead as compared with England and Wales is depicted in the attached graph. It shows that although the death rate in Gateshead is higher in all categories, the decline is following that of the country generally.

The total deaths were 134, a decrease of 17 on the previous year.

The appended table gives the mortality rates and actual number of deaths from Tuberculosis during the years 1920 to 1936.

Year	Total Deaths.		Death Rates per 1.000 population.		
	Pulmonary Tuberculosis	Other Tuberculous Diseases.	Pulmonary Tuberculosis	Other Tuberculous Diseases.	All Forms
1920	161	69	1.25	0.53	1.78
1921	138	70	1.08	0.55	1.63
1922	168	65	1.31	0.51	1.83
1923	148	48	1.15	0.37	1.53
1924	176	58	1.36	0.45	1.81
1925	161	48	1.24	0.36	1.62
1926	160	50	1.25	0.39	1.64
1927	153	45	1.20	0.35	1.55
1928	135	55	1.09	0.44	1.53
1929	154	57	1.25	0.46	1.72
1930	129	44	1.05	0.35	1.41
1931	143	39	1.15	0.31	1.47
1932	152	40	1.24	0.32	1.56
1933	140	31	1.12	0.24	1.37
1934	135	37	1.097	0.3	1.398
1935	129	22	1.064	0.18	1.245
1936	104	30	0.873	0.252	1.125

Further details of the new cases and deaths are given in the appended table :—

Age. Periods.	NEW CASES.				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0—1	—	1	2	2	—	1	—	—
1—5	3	1	3	7	1	—	—	4
5—10	15	8	10	6	—	—	3	2
10—15	7	9	13	7	—	1	1	3
15—20	15	16	4	3	5	9	3	1
20—25	15	21	3	4	13	4	3	2
25—35	12	19	5	4	9	6	—	2
35—45	21	8	—	2	11	9	—	1
45—55	18	11	3	3	9	5	3	1
55—65	16	11	1	1	8	11	1	—
65 and up	7	3	—	—	—	2	—	—
Totals ...	129	108	44	39	56	48	14	16

These figures include all primary notifications, and also others coming to the knowledge of the Medical Officer of Health during the year from the following sources :—

	Pulmonary.	Non-Pulmonary.
(a) Local Registrar	1	4
(b) Registrar General	—	4
(c) Posthumous	1	—
(d) Transfers from other Areas (other than transferable deaths)	10	4

Of the Tuberculosis deaths 9 or 6.7% were not notified before death. Of these 1 was due to Pulmonary disease, 3 to Tuberculous Meningitis, and the remainder to other forms of the disease.

The reasons for non-notification are given as follows :—

Thought to be previously notified by another doctor	5
Transferable Deaths	4

The following table gives details of the interval elapsing between notification and death :—

Died under 1 week from notification	9
Died from 1—4 weeks from notification	17
Died between 1-3 months from notification	21
Died between 3-6 months from notification	15
Died between 6-12 months from notification	15
Died between 1-2 years from notification	19
Died between 2-3 years from notification	11
Died between 3-4 years from notification	8
Died over 4 years from notification	16

77 or 57.46% of the total deaths occurred within one year of notification as compared with 48.3% in 1935.

There still continues to be a large number of cases seen by the Tuberculosis Officer in an advanced stage of the disease. The reason for this is, in the great majority of cases, the fault of the patient himself, in not seeking advice on the reason of his illhealth sooner. Suitable propaganda pointing out the symptoms and signs of the disease, and the facilities offered for diagnosis and treatment would help to reduce this unfortunate position of affairs.

There does not appear to be any unreasonable delay on the part of the private practitioner in referring cases to the Tuberculosis Dispensary ; indeed apart from definite cases sent, there were 113 other cases, ultimately found to be non-tuberculous, referred to the Tuberculosis Officer for opinion by private practitioners in the town, which illustrates the co-operation which exists between the Dispensary and the doctors.

TUBERCULOSIS.

Wards, Incidence and Mortality Rates, 1936.

Wards.	Population.	PULMONARY TUBERCULOSIS				OTHER TUBERCULOUS DISEASES.			
		Number of Cases Notified (gross).	Incidence rate per 1,000 of Population.	Deaths.	Death Rate.	Number of Notifications.	Incidence Rate.	Deaths.	Death Rate.
North	9638	14	1.45	12	1.24	10	1.03	2	0.2
North East	10356	23	2.22	13	1.25	5	0.48	5	0.48
North West	13320	30	2.25	11	0.82	12	0.90	6	0.45
Central	11265	26	2.30	11	0.97	8	0.71	3	0.26
East Central	12368	33	2.66	17	1.38	7	0.57	1	0.08
South Central	11208	13	1.16	13	1.16	4	0.35	3	0.26
West Central	10700	11	1.02	4	0.37	7	0.65	3	0.28
East.....	14113	31	2.19	5	0.35	8	0.56	6	0.42
South	12412	17	1.37	13	1.04	1	0.08	1	0.08
West	13646	24	1.75	5	0.36	9	0.66	...	...
Public Institutions	...	3	...	...	...	...	...	...	...
Total	119026	225	1.89	104	0.873	71	0.596	30	0.252

3. TUBERCULOSIS DISPENSARY.

During the year 429 new cases and 169 contacts were examined at the Dispensary for the first time, 11 cases were inwardly transferred from other areas, and these together with 3746 old cases made 4344 attendances.

Of the 169 contacts examined, 38 were found to be definitely tuberculous 7 were still undiagnosed at the end of the year, and the remainder non-tuberculous.

Of the new cases (excluding contacts) 173 were found to be definitely tuberculosis, 6 were still undiagnosed at the end of the year, and the remainder were referred back to their own doctors as non-tuberculous.

During the year 109 cases (52 Pulmonary and 57 Non-pulmonary) were taken off the Dispensary Register as cured.

Sputum Examinations.

646 specimens of sputum were examined at the Dispensary and Whinney House Hospital, 154 of which contained Tubercle Bacilli (23.8%).

As an aid to diagnosis specimens of sputum are examined at the Dispensary, free of charge for private practitioners. 167 specimens were examined in this way during the year.

Evening Sessions at the Dispensary.

Evening Sessions were held regularly at the Dispensary throughout the year for the convenience of patients who are at work during the day.

Co-operation with Private Practitioner.

Close co-operation between the private practitioner and the Dispensary has continued during the year, out of 429 new cases (excluding contact and inward transfers) seen during the year, 228 were referred to the Dispensary by private practitioners before diagnosis for an opinion. Of these 115 were subsequently notified.

On December 31st there were 421 insured persons on the Dispensary Register and 42 of these were receiving Domiciliary Treatment from their panel doctors ; many of the remainder not requiring active treatment for the time being, were able to continue at work.

Work for the Ministry of Pensions under special arrangements in force, entailed the furnishing of 2 certificates and reports with respect to Tuberculous pensioners.

Public Health (Prevention of Tuberculosis Regulations), 1925.

No action has been necessary during the year under the above Regulations with regard to tuberculous persons employed in the milk trade.

Public Health Act, Section 62.

No action, as regards the compulsory removal of patients to a Tuberculosis Institution was taken during the year.

Home Visiting.

The Health Visitors paid 290 first visits and 2210 revisits, a total of 2,300 visits to patients' homes during the year, and the Tuberculosis Officer made 98 visits in special cases.

These visits of the Health Visitor play an important part in keeping in touch with the patients and careful consideration is given to the weekly reports presented to the Tuberculosis Officer.

12 Sanitary defects in 12 premises were reported to the Sanitary Inspector's Department, and appropriate action was taken in each case. The main defects noted were structural and concerned mostly with dampness of dwelling houses.

Housing and Sleeping Accommodation of Notified cases.

218 new cases were investigated in which full particulars of housing and sleeping accommodation are available, and only 83 of these were found to occupy a separate bedroom (38.07%).

34 occupied a separate bed with others in the room.

101 cases occupied the same bed as other persons, and of these 74 had one other person in bed with them, 25 had two others and 2 had more than two others.

Overcrowding and opportunity for mass infection continues as shown by the following figures :—

75 had two in the bedroom, 28 had three, 11 had four, 16 had 5, and 5 had six or more.

Of the 218 cases investigated the housing accommodation was as follows :—

One roomed tenement	9
2 rooms	50
3 rooms	69
4 rooms	56
Over 4 rooms	34

It will be seen that 84.4% of the cases occurred in houses having 4 rooms or under.

Artificial Light Treatment.

The Dispensary organisation has no clinic for Artificial Light Treatment, but when patients are thought likely to gain benefit from this form of therapy they are referred to the Gateshead Children's Hospital or Royal Victoria Infirmary, Newcastle, where they are given the necessary carefully supervised treatment.

A new clinic is now in process of construction and this clinic will be provided with a modern 'Sunray' department, where in future all Gateshead cases will be able to receive this form of treatment and its scope will no doubt be considerably extended in future years.

4. SANATORIUM TREATMENT.

The number of beds available for the residential treatment of Gateshead patients is as follows :—

Barrasford Sanatorium	Males	10
Wolsingham Sanatorium.....	Females	12
	Children	3
*Stannington Sanatorium	Children	20
Stanhope	Children	
	(Male)	11
Whinney House Hospital	Males	27
	Females	17

*High Teams Hospital —50 beds are available at this institution for advanced cases, of which a variable number are occupied by Gateshead patients. These are not under the control of the Tuberculosis Officer.

*Surgical cases occupy a proportion of the beds.

Poole Sanatorium.

The Poole Joint Sanatorium Committee of certain North Eastern County Boroughs was formed by Order, dated 25th March, 1936, of the Minister of Health, under the Public Health Tuberculosis Act of 1921. Under this order, Gateshead provides three members on the Joint Sanatorium Committee and is responsible for 40/315 of the capital expenditure.

At the first meeting, the Town Clerk of Sunderland was appointed Clerk to the Joint Committee, and Messrs. W. and T. R. Milburn of Sunderland, Architects for the new sanatorium.

At the end of the year, the layout and draft plans had been submitted to the Ministry of Health for approval.

Under this scheme, Gateshead will possess 40 additional beds for the treatment of tuberculosis.

Return showing the extent of Residential Treatment and observation during the year in Institutions (other than Poor Law).

		In Institutions on Jan. 1st (1)	Admitted during the year (2)	Discharged during the year (3)	Died in the Institutions. (4)	In Institutions on Dec. 31st (5)
(a) Number of doubtful-ly tuberculous cases admitted for observation.	Adult Males	1	6	7	—	—
	Adult Females	—	—	—	—	—
	Children	—	6	6	—	—
	Total	1	12	13	—	—
(b) Number of patients suffering from pulmonary tuberculosis	Adult Males	34	82	73	9	34
	Adult Females	16	65	49	5	27
	Children	28	28	32	—	24
	Total	78	175	154	14	85
(c) Number of patients suffering from non-pulmonary tuberculosis	Adult Males	—	4	2	—	2
	Adult Females	1	2	1	—	2
	Children	11	10	11	—	10
	Total	12	16	14	—	14
GRAND TOTAL (a), (b) and (c)		91	203	181	14	99

Return showing the extent of Residential Treatment in Poor Law Institutions.

		In Institutions on Jan. 1st (1)	Admitted during the year (2)	Discharged during the year (3)	Died in the Institutions (4)	In Institutions on Dec. 31st (5)
Number of patients suffering from pulmonary tuberculosis	Adult Males	14	47	25	18	18
	Adult Females	14	24	17	12	9
	Children	—	5	4	—	1
	Total	28	76	46	30	28
Number of patients suffering from non-pulmonary tuberculosis.	Adult Males	8	5	4	7	2
	Adult Females	2	7	5	2	2
	Children	7	5	6	2	4
	Total	17	17	15	11	8
GRAND TOTAL		45	93	61	41	36

Return showing the immediate results of treatment.

Classification.	Condition on Discharge.	DURATION OF RESIDENTIAL TREATMENT.									Grand Totals.
		*Under 3 months, but exceeding 28 days.	3—6 months.	6—12 months.	More than 12 months	Totals.					
		M. F. CH.	M. F. CH.	M. F. CH.	M. F. CH.	M. F. CH.					
PULMONARY TUBERCULOSIS	Class T.B. Minus	Quiescent ...	2 4 —	6 10 8	1 2 10	— — 4	9 16 22	47			
		Not Quiescent ...	4 — 2	4 1 4	— 1 —	— — 2	8 2 8	18			
		Died in Institution ...	— — —	1 — —	— — —	— — —	1 — —	1			
PULMONARY TUBERCULOSIS	Class T.B Plus Group I.	Quiescent ...	— — —	— — —	3 — —	— — 1	3 — 1	4			
		Not Quiescent ...	— — —	— — —	— — —	— — —	— — —	—			
		Died in Institution ...	— — —	— — —	— — —	— — —	— — —	—			
PULMONARY TUBERCULOSIS	Class T.B.Plus Group II	Quiescent ...	— — —	— — —	— 1 —	1 — —	1 1 —	2			
		Not Quiescent ...	9 8 —	13 10 —	8 4 1	3 — —	33 22 1	56			
		Died in Institution ...	2 1 —	3 — —	— 1 —	— — —	5 2 —	7			
PULMONARY TUBERCULOSIS	Class T.B Plus Group III	Quiescent ...	— — —	— — —	— — —	— — —	— — —	—			
		Not Quiescent ...	3 1 —	5 — —	2 — —	— — —	10 1 —	11			
		Died in Institution ...	— 1 —	— — —	— — —	— — —	— 1 —	1			
TOTALS (Pulmonary)			20 15 2	32 21 12	14 9 11	4 — 7	70 45 32	147			
NON-PULMONARY TUBERCULOSIS	Bones & Joints	Quiescent ...	— — —	— — 1	— — 1	— — 1	— — 3	3			
		Not Quiescent ...	— — —	— — 1	— — 1	— — —	— — 2	2			
		Died in Institution ...	— — —	— — —	— — —	— — —	— — —	—			
NON-PULMONARY TUBERCULOSIS	Abdominal	Quiescent ...	— — —	— — 1	— — 1	— — 2	— — 4	4			
		Not Quiescent ...	— — 1	— — —	— — —	— — —	— — 1	1			
		Died in Institution ...	— — —	— — —	— — —	— — —	— — —	—			
NON-PULMONARY TUBERCULOSIS	Other Organs	Quiescent ...	— — —	— — —	— — —	— — —	— — —	—			
		Not Quiescent ...	— — —	— — —	— — —	— — —	— — —	—			
		Died in Institution ...	— — —	— — —	— — —	— — —	— — —	—			
NON-PULMONARY TUBERCULOSIS	Peripheral Glands	Quiescent ...	1 — —	— 1 1	— — —	— — —	1 1 1	3			
		Not Quiescent ...	— — —	— — —	— — —	— — —	— — —	—			
		Died in Institution ...	— — —	— — —	— — —	— — —	— — —	—			
TOTALS (Non-pulmonary)			1 — 1	— 1 4	— — 3	— — 3	1 1 11	13			

5. TUBERCULOSIS CARE-COMMITTEE.

The Care Committee continues to render useful services in the case of necessitous patients.

This assistance has usually taken the form of the granting of clothing (as a rule to enable patients to be properly equipped to go to Sanatorium), the loan of bed and bed clothes (to enable infectious cases to sleep by themselves), surgical appliances, and extra nourishment.

Comparative Statistics of Work done is given below :—

		1936	1935	1931
Cases considered during the year.				
Old Cases	97			
New Cases	88			
		185	187	41
Clothing outfits provided :—				
At cost of Committee	56			
Obtained through other sources ...	72	128	103	10
Cases to whom beds and bedding loaned		26	48	18
Total cases to whom beds and bedding are now on loan		44	29	18
Bedclothes loaned		8	11	—
Surgical appliances provided		4	11	2
Necessitous patients helped with nourishment :—				
At cost of Committee	0			
Obtained through other sources ...	26	26	19	—
Other forms of help (e.g., dentures invalid's chair etc.,) obtained for patients through other sources. —		15	12	—
Tuberculosis families "adopted" by St. Martins' Jubilee Friends Scheme		51	32	—

6. INQUIRY INTO CAUSAL FACTORS OF TUBERCULOSIS.

171 tuberculous families and 171 non-tuberculous families living in similar circumstances in the river-side wards were investigated by Dr. Carter, Medical Officer of Gateshead Dispensary with the object of trying to find any cause for the high incidence of tuberculosis in these wards as compared with other wards of the Borough.

He was given every assistance in the conduct of this investigation and has kindly put his findings at our disposal.

These findings in summary form serve very thoroughly to corroborate the findings of the Jarrow Enquiry of the National Association for the Prevention of Tuberculosis, which was con-

PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in Summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensary Register : and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

[illegible]

1934					1935					1936				
Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints.	Abdominal.	Other Organs	Peripheral Glands	Total
—	—	1	1	2	1	—	—	1	2	—	1	—	1	2
—	2	—	2	4	2	—	—	1	3	—	2	—	1	3
3	2	—	4	9	1	5	—	4	10	3	—	—	2	5
—	—	—	—	—	1	—	—	—	1	1	4	—	—	5
—	—	—	—	—	—	—	2	1	3	1	—	1	1	3
—	2	—	1	3	3	2	—	1	6	7	8	—	5	20
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	6	1	8	18	8	7	2	8	25	12	15	1	10	38
—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	3	3	4	12	—	1	—	2	3	—	—	—	1	1
1	—	1	1	3	—	—	—	—	—	—	—	—	—	—
—	—	1	—	1	1	1	—	—	2	—	—	—	—	—
—	1	—	—	1	1	—	—	—	1	—	—	—	—	—
3	4	5	5	17	2	2	—	2	6	—	—	—	1	1
6	10	6	13	35	10	9	2	10	31	12	15	1	11	39

ducted some years ago. The increased susceptibility of the individuals of Irish stock as compared with those of English stock was again evident, but some of this apparent increase of susceptibility might be due to other factors such as poverty, malnourishment and bad housing conditions, which were all associated factors in the continued high prevalence of tuberculosis in certain districts of the town. Bad housing conditions and overcrowding apparently coexisted with high tuberculosis rates as shown by a study of the wards of the town.

The consumption of milk did not seem to make any appreciable difference to the incidence of tuberculosis. Indeed the non-pulmonary incidence ratio was higher where the least milk was consumed.

Domestic contact with other cases emerged as a factor of considerable importance.

S. D. ROWLANDS, M.D., D.P.H., B.Hy.,
Clinical Tuberculosis Officer.

C. VENEREAL DISEASES.

In 1917 Northumberland and Durham County Councils, Newcastle City Council and Gateshead Borough Council joined in a scheme for the treatment of venereal diseases at a clinic provided in the Royal Victoria Infirmary, Newcastle. The scheme further provided for bacteriological examinations of blood and secretions at the Durham University College of Medicine, each authority paying for its own quota of tests.

The Venereal Diseases department of the Royal Victoria Infirmary provided an outpatient clinic and in-patient accommodation in small wards, which formed part of the ward block devoted to diseases of the skin.

The arrangement was not regularised by any legal agreement, and in 1931, certain financial and other issues were discussed between the Infirmary and the local authorities. As a result of these discussions, it was decided in 1934 by the constituent authorities to provide a new centre with outpatient clinic and in-patient wards, under their own management and staffed by their own servants. The locus of the new clinic was to be the Newcastle General Hospital.

This decision was reaffirmed at a special meeting of local authorities in 1935 and a joint committee of the local authorities was set up to bring about the desired change, while steps were taken to make the joint committee a statutory body, composed of 17 representatives, three of which are to be appointed from Gateshead

The new venereal diseases centre is already under construction and will function about the middle of 1937.

The official return of the work done in 1936 for Gateshead. under the existing scheme is given herewith.

Return relating to Gateshead cases treated at the Joint Treatment Centre, Royal Victoria Infirmary, Newcastle, during the year ended 31/12/36.

	Syphilis		Soft Chancre		Gonorrhoea		Conditionsother than Venereal		Totals		Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Persons under treatment or observation on 1st January, 1936.	30	21	1	—	50	12	8	6	89	39	128
Old Cases. returned.	12	13	—	—	12	2	—	—	24	15	39
New Cases. Syphilis, primary	7	—	—	—	—	—	—	—	7	—	7
„ secondary	2	—	—	—	—	—	—	—	2	—	2
„ late	15	13	—	—	—	—	—	—	15	13	28
* „ congenital	2	4	—	—	—	—	—	—	2	4	6
Gonorrhoea	—	—	—	—	72	13	—	—	72	13	85
Non venereal	—	—	—	—	—	—	19	14	19	14	33
Cases transferred from other centres	1	1	—	—	1	—	—	—	2	1	3
Totals	69	52	1	—	135	27	27	20	232	99	331
Cases discharged after cure.	10	4	1	—	55	13	18	17	84	34	118
Cases ceasing attendance before completing treatment.											
†Syphilis, primary	8	—	—	—	—	—	—	—	8	—	8
„ secondary	1	2	—	—	—	—	—	—	1	2	3
„ late	17	10	—	—	—	—	—	—	17	10	27
„ congenital	1	8	—	—	—	—	—	—	1	8	9
Gonorrhoea	—	—	—	—	36	2	—	—	36	2	38
Cases ceasing attendance after completing treatment but before tests of cure.	—	1	—	—	1	1	—	—	1	2	3
Cases transferred to other centres.	1	4	—	—	3	1	—	—	4	5	9
Cases under treatment on 31-12-36	31	23	—	—	40	10	9	3	80	36	116
Totals	69	52	1	—	135	27	27	20	232	99	331
Attendances for medical treatment	1193	1045	—	—	1057	314	29	24	2279	1383	3662
„ intermediate „	—	—	—	—	1707	—	—	—	1707	—	1707
In patients											
Admissions.	—	—	—	—	—	2	—	—	—	2	2
In patient days	—	—	—	—	—	99	—	—	—	99	99

*The age grouping of these cases was as follows :—1 under 1 year, 1 between 5 and 15 years, and 4 over 15 years.

†Sixteen of these cases failed to complete one course of treatment ; two were of congenital disease, twelve of late disease and two of early disease,

Pathological Work of the Centre.

Two specimens of secretion were examined for spirochaetes and 323 for gonococci. 312 specimens of blood were submitted to Wassermann reaction and two to gonococcus complement fixation test.

Drugs used.

The arsenical compounds used in the centre were novarsenobillon and stabilarosan of which 777 injections were given, 1078 injections of mercurials were also given and 324 of bismuth in the form of Bisoxyl.

S. THOMPSON,
Medical Officer.

D. VACCINATION.

Mr T. Middlemast, Vaccination Officer, returns the following summary of proceedings in respect of the year 1936 :—

Number of entries in birth lists received during year 1936, 1795

Vaccination certificates received.

a. from private practitioners	77
b. from public vaccinators	762
c. revaccinations	8

Certificates of postponement received.

a. Health of child	108
b. Conditions of house	0
c. Prevalence of disease	0

Died unvaccinated 116

Statutory declarations of conscientious objectors 876

Certificates of insusceptibility 4

Cases where parents have removed from area..... 28

Cases otherwise not found 14

Number of entries in lists sent to Public Vaccinators1020

Proceedings Nil

E. CANCER.

DIAGNOSIS AND TREATMENT.

The local facilities for the diagnosis and treatment of Cancer, apart from domiciliary attendance by the family practitioner, depend entirely upon the facilities available in the voluntary hospitals and at Newcastle Royal Victoria Infirmary, with its attached Radium Institute,

The local authority maintains hospitals beds in the High Teams Poor Law Institution, in which incurable cases of Cancer are sometimes treated and from which a number of cases, have in the past been sent to the Royal Victoria Infirmary, for diagnosis and treatment.

The Public Assistance Committee is a contributor to the funds of the Royal Victoria Infirmary to the extent of £126 per annum.

Proposals are under consideration for the erection of a new general hospital in the Borough, in which is it hoped there will be some facilities available for the diagnosis and treatment of malignant disease.

The Royal Victoria Infirmary, Newcastle, being one of the best equipped teaching hospitals in the country, provides ample facilities for the diagnosis of Cancer through its facilities for X-Ray examination and its full complement of consultant staff, including surgeons, physicians and whole time teaching specialists.

In close association with the Infirmary, there is the Radium Institute with two Radium Officers and various technicians, who co-operate with the consultant staff of the Infirmary in the treatment of malignant disease.

Deep X-Ray therapy is also available at the Royal Victoria Infirmary.

The bed-accommodation for Cancer patients within the Infirmary is very limited and it is not possible at present to deal with all the cases which should be admitted. In view of this, the committee of the Infirmary have recently proposed and planned an extension of the buildings so as to yield 154 additional beds. With this extra accommodation the institution proposes to admit all Cancer cases requiring treatment.

PROPAGANDA AND RE-SEARCH.

No propaganda has been carried out locally but from time to time through the press, the importance of early diagnosis and treatment has been stressed.

There are no organised facilities for re-search within this area.

STATISTICS OF DEATHS FROM CANCER.

Table of Cancer Deaths (1911-1936).

Period.	TOTAL.			AVERAGE ANNUAL DEATHS		
	Males.	Females.	Totals.	Males.	Females.	Totals.
1911-1915	236	287	523	47	57	104
1916-1920	248	334	582	49	67	116
1921-1925	293	357	650	59	71	130
1926-1930	372	395	767	74	79	153
1931-1935	414	440	854	83	88	171
1936- —	99	100	199			

**Table showing Age and Distribution of Cancer Deaths,
(1911-1936)**

Year.	Age				Total.
	0-25 yrs.	*25-45 yrs.	45-65 yrs.	65 & Upwards	
1911	2	14	44	29	89
1912	1	17	50	37	105
1913	3	12	59	37	111
1914	3	12	58	37	110
1915	1	14	64	29	108
1916	2	17	59	44	122
1917	3	23	62	36	124
1918	1	14	49	35	99
1919	3	9	65	43	120
1920	1	7	75	34	117
1921	1	10	67	45	123
*1922	—	12	69	41	122
*1923	2	19	66	49	136
*1924	3	14	76	41	134
*1925	—	13	70	52	135
*1926	—	12	72	58	142
*1927	2	18	72	61	153
*1928	1	8	79	81	169
*1929	—	15	71	70	156
*1930	—	13	65	69	147
1931	2	8	74	62	146
1932	—	23	89	86	198
1933	2	13	86	75	176
1934	—	13	91	72	176
1935	—	10	70	78	158
1936	2	17	89	91	199

*For the years 1922 to 1930 inclusive the figures quoted refer to the age group 20-45 years of age and not to the age group 25-45 years of age.

The record of Cancer mortality in this Borough is evidently one of constant increase, especially in the last age group. How far the increase so apparent is due to increased longevity or due to actual increase of the disease is a question which has never been satisfactorily answered.

The sites of malignant disease in the fatal cases of 1936 may be studied in an analysis.

Cancer Deaths, 1936—Situation of Disease.

SITE.		AGE GROUPS—In years.						Males	Fe- males	Total
		Under 25	26-35	36-45	46-55	56-65	66-75			
CANCER.										
Buccal Cavity	Tongue	—	—	—	—	1	2	—	3	—
	Jaw	—	—	—	1	—	1	—	1	—
	Cheek	—	—	—	—	1	—	—	1	—
	Antrum	—	—	—	—	1	—	—	1	—
Digestive Tract	Oesophagus	—	—	—	1	3	1	—	3	2
	Stomach	—	—	2	4	14	13	8	21	20
	Intestine	—	1	—	1	1	1	1	2	3
	Colon	—	—	—	3	7	7	5	13	9
	Rectum	—	—	2	1	2	2	3	8	2
	Gall Bladder & Bile Ducts	—	—	—	—	1	1	—	0	2
	Liver	—	—	1	2	6	8	3	14	6
	Pancreas	—	—	—	1	1	4	1	2	5
	Peritoneum	—	—	1	—	—	—	—	1	—
Respirat- ory System	Larynx	—	—	—	1	—	—	1	2	—
	Bronchi	—	—	—	—	1	1	—	2	—
	Lung	—	—	—	3	4	1	—	4	4
	Mediastinum	—	—	—	—	—	—	1	—	1
Other Organs.	Uterus	—	1	4	3	5	3	1	—	17
	Cervix Uteri	—	—	1	2	1	5	—	—	9
	Ovaries	—	—	—	1	—	1	—	—	2
	Pelvis	—	—	1	—	1	—	—	—	2
	Bladder	—	—	—	—	2	1	1	3	1
	Penis	—	—	—	—	1	1	—	2	—
	Prostate	—	—	—	—	2	4	—	6	—
Other Tumours.	Testes	—	—	1	—	—	—	—	1	—
	Breast	—	—	2	1	2	2	2	—	9
	Cervical Glands	—	—	—	—	1	—	1	1	—
Other Tumours.	Thyroid	—	—	—	1	—	1	—	—	2
	Rodent Ulcer of Face	—	—	—	—	—	2	—	2	—
	Rodent Ulcer of Ear	—	—	—	—	1	—	—	1	—
	Sarcoma of Abdomen	1	—	—	—	1	—	—	1	1
	„ „ Femur	1	—	—	1	—	—	—	2	—
	„ „ Clavicle	—	—	—	1	—	—	—	1	—
	Myelomata	—	—	—	1	—	—	—	1	—
Unspecified		—	—	—	—	—	1	—	1	—
		—	—	—	—	—	—	—	—	—
		2	2	15	29	60	63	28	99	100
										199

Of the total deaths, 66 occurred in hospital, 36 in the Public Assistance Institution, 24 in the Royal Victoria Infirmary, 2 in Newcastle General Hospital and 4 in other institutions.

F. WELFARE OF THE BLIND.

No scheme for the prevention of blindness has been initiated in this area, and the favourable time to initiate a comprehensive scheme will arise when the hospital and clinic facilities of the Borough have been brought up to date.

Children under school age and school children with defective vision are able to get treatment, and have glasses supplied through the child welfare and school services.

Other cases of threatened blindness are dealt with at the voluntary hospitals of the area,

Statistics relevant to blindness in Borough residents are given hereunder as at 31st March 1937 :—

Blind Persons classified by age and sex :—

Years.	Total	Males	Females
0-5.....	—	—	—
5-16.....	6	1	5
16-21	9	6	3
21-40	27	15	12
40-50	16	10	6
50-65	64	31	33
65-70	27	16	11
Over 70	71	34	37
	220	113	107

Age at which blindness occurred :—

Age (Years)	Total	Males	Females
0-1.....	37	17	20
1-5.....	4	1	3
5-10	5	2	3
10-20	12	8	4
20-30	15	10	5
30-40	15	6	9
40-50	34	22	12
50-60	29	13	16
60-70	43	26	17
70 and over	21	8	13
Unknown	5	—	5
	220	113	107

Condition of Blind Persons :—

	Total	Total	Females
Employed (1) in workshops	8	6	2
(ii) as home workers	11	5	6
(iii) otherwise	7	7	—
Total	26	18	8
Under training (Industrial)	9	6	3
Trained but unemployed	—	—	—
Unemployable	176	86	90*
No training but trainable	3	2	1
	214	112	102
Children of school age	6	1	5
	220	113	107

*2 Females are residents in the Public Assistance Institution.

Occupations of Employed :—

Basket & Cane Workers	3	Mattress or Mat makers	3
Copyists	1	Piano Tuners.....	2
Dealers, Tea Agents &c.	6	Miscellaneous	4
Knitters	7		—
			26

Blind, Physical and Mental Defectives :—

	Total	Males	Females
(a) Blind and Mental Defective	1	—	1
(b) Blind and Physically Defective	11	9	2
(c) Blind and Deaf	9	5	4
Combinations of (a) and (b)	1	1	—
	22	15	7

The scheme to assist the unemployable or necessitous blind by augmenting their income, which has been in operation since 1927, has been carried out during the year. The grants made for the year under review were as follows :—

In the case of single unemployable or necessitous blind person, the income is made up to 20 /— per week.

In the case of two unemployable or necessitous blind persons in a household the joint income is made up to 30 /— per week.

On 5th August 1931, the scheme was enlarged to incorporate the provision of domiciliary relief to dependents of blind persons.

For the purpose of this scheme “dependents” are deemed to be “the wife of the registered blind person and such of his children under sixteen years of age as may be resident with him and dependent on him for support.”

A Sub-Committee composed of members of the Blind Persons Act and the Public Assistance Committees, and also representatives of the Home Teaching Society for the Blind meets monthly and considers each case on its merits.

An average of 106 grants were made each week and the total amount disbursed during the year ended 31st March 1937 was £2438 6s. 10d. while £565 10s. 4d. was paid in respect of dependents of Blind Persons.

The above sum is irrespective of grants made to Home Workers, Workshops for the Blind, and the Newcastle and Gateshead Home Teaching Society.

Home Workers.

The amount disbursed to Home Workers in augmentation of income was £211 7s. 4d.

In August the Council decided to increase the augmentation from 8 /— or less according to a scale to a flat rate of 10 /— per case, provided the total income from all sources, including grant, did not exceed £2 10s. 0d. per week.

In cases where Home Workers' earnings did not reach £1 per week, there was granted in addition to the 10 /-, a sum equal to the difference between his earnings and £1.

£96 3s. 7d. was paid in this respect.

Certifications of Blindness.

58 persons were examined by the Ophthalmologist, 31 of whom were certified as being Blind within the meaning of the Blind Persons Act.

VII. Miscellaneous.

PART VII MISCELLANEOUS.

A. PHARMACY AND POISONS ACT 1933.

The administration of the provisions of this Act relating to listed sellers of poisons is carried out by the Health Department and a register of such persons is kept at the Health Office. In 1936, 29 persons were registered for the sale of poisons listed in Part II. of the Poisons List.

Arrangements were made with the Pharmaceutical Society for the Society's inspector to supervise and report on the sale of poisons by registered vendors at a fee of 12 /6 per annum per shop.

B. AIR RAID PRECAUTIONS.

The local medical practitioners have all attended a course of lectures on air raid precautions, given by a medical member of the staff of A.R.P. Department of the Home Office.

Arrangements are being made to organise the local first aid and medical services for this purpose, under the general direction of the Medical Officer of Health.

C. LOCAL GOVERNMENT AND OTHER OFFICERS' SUPERANNUATION ACT 1922.

Twenty nine individuals appointed to designated posts were examined by members of the public health staff during the year.

D. UNIFICATION OF LOCAL GOVERNMENT ON TYNESIDE.

Evidence was given by Dr. Herbst, Acting Medical Officer of Health at the Royal Commission which dealt with local government in this area. From the health point of view, it was suggested that four regions be set up, each with a health department subject to the administrative control of a chief medical officer. The South Western region so envisaged would have Gateshead as its centre, and would extend to and include Whickham Urban District and Hebburn, with an estimated population of 218,000. It was suggested that a large isolation hospital should be set up on the South bank of the Tyne, so as to give efficiency and economy of working. The difficulty of Gateshead in providing itself with accommodation for mental defectives was stressed, while the ease of providing more special day schools for the area as a whole was indicated. The financial difficulties of the Borough in providing the essential social services were strongly urged upon the Commission.

E. BURNING PIT HEAP AT HEWORTH.

For a considerable number of years, complaint has been made by residents in the South of the town regarding sulphurous smells, which apparently emanate from a burning pit heap near White House Farm, Windy Nook, situated in the Urban District of Felling.

The matter was raised in the Gateshead Town Council in 1936. and it was reported by the Felling Council that H.M. Inspector of Alkali Works had been giving advice on the mitigation of the nuisance. The matter will continue to receive the attention of the firm, the Felling Urban District Council and the Inspector of Alkali Works.

**VIII. Municipal Institutions
for the Sick.**

PART VIII. MUNICIPAL INSTITUTIONS FOR THE SICK.
SHERIFF HILL INFECTIOUS DISEASES HOSPITAL.
ANNUAL REPORT FOR 1936.

GENERAL STATISTICS.

Table of Admissions, Discharges and Deaths.

Disease on Admission	In Hos- pital 1/1/36	Ad- missions 1936	Dis- charges 1936	Deaths 1936	In Hos- pital 31/12/36
Scarlet Fever.....	70	247	295	1	21
Diphtheria	5	125	96	5	29
Erysipelas	0	6	6	0	0
Meningitis	0	5	2	3	0
Ophthalmia					
Neonatorum	0	4	4	0	0
Measles	0	1	1	0	0
Whooping Cough ...	0	1	0	1	0
Chickenpox	0	1	1	0	0
Mumps	0	1	1	0	0
Dysentery	0	4	2	0	2
Pneumonia	0	1	1	0	0
Infant Born	0	1	0	0	1
Observation Cases	0	2	2	0	0
Totals ...	75	399	411	10	53

(a) Patient Days in 1936.

Scarlet Fever	10,570
Diphtheria	3,681
Other Conditions	693
Total	14,944

(b) Average Duration of Stay of Patients.

Scarlet Fever cases	36 days
Diphtheria cases	33 „
All cases	38 „

(c) Beds Occupied during Year.

Average number	41
Highest number	75
(on January 1st)	
Lowest number	23
(on 20th—21st August)	

**Comparative Table of Admissions and Patient-Days.
(1922-1936)**

Yr.	Admiss- ions	Days	Year	Admiss- ions	Days	Year	Admiss- ions	Days
1922	225	—	1927*	267	5,818	1932	512	23,128
1923	177	—	1928*	468	12,660	1933	580	25,795
1924	324	—	1929*	121	4,692	1934	796	39,182
1925	286	—	1930	313	13,180	1935	376	18,700
1926*	493	12,642	1931	415	17,100	1936	399	14,944

*During these years the institution was used mainly for the isolation of Smallpox.

During the year 1936, an attempt was made within the existing limits to grapple with the problem of hospital accommodation for infectious diseases other than Scarlet Fever and Diphtheria. Owing to the design of the existing hospital, there is little scope for the isolation of these, unless in small numbers, when Scarlet Fever and Diphtheria are of sporadic incidence. At the same time a scheme of the council for the extension and alteration of the hospital was approved by the Ministry of Health, and it is anticipated that the alterations will be complete by the end of 1937.

All things considered, the statistics for 1936 cover a large amount of interesting and valuable work on the part of the staff, a work which is to be regarded much more from the angle of saving life than of preventing the spread of infection. The pity is that no proper or adequate accommodation exists for the treatment of the frequently fatal infections, such as puerperal disease, measles, whooping cough and pneumonia.

The following clinical record of the conditions treated should be of interest.

SCARLET FEVER

The disease was mildly prevalent and of moderate virulence throughout the year. Return cases amounted to 9, *i.e.*, 3% of the patients discharged. There was one death from toxæmia, a child of seven years admitted four hours before death.

Scarlet fever streptococcus antitoxin was freely used during the year in doses of 10 and 20 c.c., the principal therapeutic indications being toxæmia, exudate on the tonsils, adenitis and discharges. The principal complications observed in the cases discharged were as follows:—

Cervical adenitis 10 (1·4%), Otitis media 20 (7%).
Rhinitis 17 (6%), Albuminuria and Nephritis 7 (2·5%).
Rheumatism 5 (1·7%).

Rarer complications were the following:—

Irregular heart (2), Pneumonia (1), Jaundice (1), Conjunctivitis (1), Whitlow (1), Abscess of Buttock (1).

Complicating infections were present as follows:—

Chicken Pox (2), and Whooping cough (1).

Two cases of otorrhoea required mastoid operations, and these were performed by Mr. F. McGuckin with successful results in healing the disease and preserving hearing.

DIPHTHERIA.

In all, 125 cases were admitted but errors of diagnosis occurred as follows:—tonsillitis 13, scarlet fever 1. There were five deaths, giving a case mortality of 4·4 per cent.

The disease was of low prevalence until the last quarter of the year, when, in keeping with a regional increase of incidence, the disease similarly affected Gateshead. The virulence likewise remained fairly low until the end of the year, when it became evident that a more toxic type associated with extensive oedema of the neck glands and cellular tissues was frequent among the patients admitted.

Laryngeal Diphtheria was rare (3 cases) and tracheotomy was performed once. Nasal diphtheria occurred once. The deaths were from heart failure and toxæmia, and four of these were children under 9, the exception being an adult male of 41 years. Dosage of antitoxin ranged from 4,000 to 96,000 units and in advanced cases, gas gangrene antitoxin was given along with the diphtheria antitoxin, apparently with benefit.

Symptoms of paralysis occurred in 2 of the cases discharged and other complications observed were general anasarca, urticaria papulosa and persistent carrier condition, each in one case. Complications unrelated to the disease were measles (3), mumps (3), tonsillitis (4), while coincident affections were scarlet fever (3) vulvo vaginitis (1), double otorrhoea (1).

MENINGITIS.

Five cases were admitted suspected to be suffering from meningitis. One of these was an adult with tubercular meningitis and two cases were children with cerebro-spinal fever. Sero-therapy had no influence on the course of the latter disease,

In the remaining two cases the diagnosis was not substantiated—the patients suffering from double iridocyclitis and meningismus respectively.

DYSENTERY.

Four cases of dysentery were admitted. In one, the organism was not isolated but the blood reaction to Sonne type was positive. In the remaining 3, all members of the same family, B. Flexner "Y" was isolated. An infant was born to one of these patients and remained free from the disease.

OPHTHALMIA NEONATORUM.

Four infants with severe gonococcal ophthalmia were admitted for treatment, and made excellent recoveries with regular irrigation of the conjunctivae and the use of silver drops.

ERYSIPELAS.

Six cases were admitted and all recovered promptly with the administration of therapeutic doses of scarlet fever antitoxin.

MISCELLANEOUS.

Other cases admitted were from institutions, poor homes or were under observation for infectious disease.

STAFF OF HOSPITAL.

The hospital is served by the following resident staff:—Matron and Deputy Matron (both of whom are state-registered nurses), 3 staff nurses (none of whom are state-registered), 14 probationer nurses, 1 cook, 1 laundress and 8 maids. One male porter lives in the hospital lodge.

The following non-resident staff also serve the hospital:—one assistant porter, one chauffeur and one relief chauffeur (the latter acts as disinfecting officer).

The Medical Officer of Health is the visiting medical superintendent. Consultant advice and operative help are obtained when necessary from among the specialists of Newcastle.

The full success of the hospital is much hindered by its present inability to attain the standard of a recognised training school for fever nurses. The result is that the probationer nurses employed do not have any professional standing at the conclusion of their period of probation and naturally one doubts that the hospital is able to choose from the best types of entrants to the nursing profession.

Changes in the disposition of the staff are indicated and these should take the form of the appointment of a ward sister in charge of each ward-block and of several state-registered staff nurses. The probationer nurses should also be under training for the fever certificate. The opportune time for such a reorganisation of the staff will arise upon completion of the alterations and the attainment of the status of a training school, through the employment of a resident medical officer who will be free to give the nursing staff the necessary tuition. Nevertheless this ultimate reorganisation should be meantime kept in mind and as opportunity arises the staff should be added to along the lines of ultimate development.

The scale of salaries applicable to the staff is as follows :—

Sister (Deputy Matron)	£90—£100 p.a.
Staff nurses	£50—£65 p.a. (by £5 increments)
Probationer nurses	£35—£45 p.a. (by £5 increments)
Cook	£60—£65 p.a.
Laundress	£50 p.a.
Maids	£30—£35 p.a.

AREA OF HOSPITAL GROUNDS.

Although the site at present occupied by the hospital is of 3·46 acres only, the surrounding land towards Windynook Road and Wreken Dyke footpath belongs to the Council. There is thus a site of roughly 24 acres for hospital developments. The new fever hospital will take up 10·35 acres leaving the adjoining site of 10·61 acres available for other purposes. The remaining portion of this site will be detached by a new road which will pass from Durham Road to Windynook Road. Outside this area of 24 acres, the corporation have purchased land containing quarries to the South, for tipping refuse, and this ground will, when levelled, be available for hospital purposes if required.

ACCOMMODATION OF HOSPITAL.

The hospital buildings consist of two identical ward blocks running East and West attached to a central administrative block with a separate larger ward block running North and South situated behind the administrative block. There is also a corrugated iron temporary ward-block divided into two halves, and each half into separate cubicles, which are really altogether unsuitable for use.

The grounds of the hospital also contain a porter's lodge, a disinfecting station and a small brick-built discharge block of an unsatisfactory type.

The accommodation available for patients has been measured on a basis of 144 square feet per bed and also of a separation between each bed centre of at least 12 lineal feet.

These standards give the normal and maximum number of beds available.

	Dimensions	144 sq. ft. per bed	At 12 ft. bed centres
WARD BLOCK I.			
2 Main Wards	each 48 x 24 ft.	16 beds	20 beds
1 large Side Ward	20 x 16 ft.	2 „	4 „
2 Single Bed Side Wards		2 „	2 „
WARD BLOCK II.			
2 Main Wards	each 48 x 24 ft.	16 „	20 „
1 Large Sideward	20 x 16 ft.	2 „	4 „
2 Single Bed Wards		2 „	2 „
WARD BLOCK III.			
2 Main Wards	each 50 x 24 ft.	19 „	20 „
1 Large Side Ward	24½ x 24 ft.	4 „	6 „
2 smaller Side Wards ...each	16 x 8 ft.	2 „	4 „
		65 beds	82 beds

The existing accommodation therefore works out at from 65 to 82 beds for the isolation of the ordinary infectious diseases. These standards might be relaxed a little in the case of diseases of lesser infective force such as pneumonia and puerperal infection, but the main drawback is the present lack of accommodation for cases requiring to be isolated individually or in groups of two and three.

The nursing and domestic staff are dispersed in three parts of the institution. In the administrative block, four single bedrooms are occupied by the matron, deputy matron, senior staff nurse and cook, while two other bedrooms are each shared by two probationer nurses. A two-storey building adjoining Ward Block III. contains 5 rooms for nurses, three being used for two probationers each and two for three probationers each. The maids and laundress are housed two per cubicle in six cubicles of the temporary corrugated iron block, otherwise unused.

In the administrative block there is a sitting room for the matron and one for the nurses, while another room is used as a drug dispensary and store and as a dining room for nurses. The domestic staff dines in a room adjoining the kitchen.

PROPOSED ALTERATION AND EXTENSIONS.

Plans, prepared in the time of my predecessor, have been approved in principle by the Ministry of Health for the building of a new nurses' home and an administrative block, a laundry, mortuary and other offices, and two cubicle ward-blocks, each of 12 beds. One cubicle block will have an operating theatre attached. The existing administrative block and the attached laundry will be pulled down while the nurses' home attached to Ward Block III. will be altered into a single open ward serving this block.

The accommodation available for patients after alteration should be approximately as follows :—

WARD BLOCK I.	DIMENSIONS	BEDS
2 Main Wards (sub-divided into smaller units)	54 x 24 ft.	16—20
2 Single Bed Wards	10 x 11 ft.	2
WARD BLOCK II.		
2 Main Wards (sub-divided)	55 x 24 ft.	16—20
2 Single Bed Wards	10 x 11 ft.	2
WARD BLOCK III.		
2 Main Wards (sub-divided)	55 x 24 ft.	24
2 Single Bed Wards		2
1 Smaller Ward.....(approx. 32 x 30)		6—8
CUBICLE BLOCK IV.		12
CUBICLE BLOCK V.		12
Total		92—102

The proposed provision works out at slightly less than 1 bed per 1,000 of population in the Borough, but there would be ample room for further extension by the erection of additional wards. The type of accommodation however, will make it possible to treat many different diseases at one time without fear of cross-infection.

The staff quarters proposed would seem to be ample for future requirements, providing as they do, bedrooms for 45 nurses and domestics and quarters for the matron as well as administrative offices and quarters for a resident medical officer.

There will also be lodge accommodation for a porter, an engineer and a chauffeur.

COST OF HOSPITAL 1936.

The hospital is free of debt. In 1936, the total expenditure was £4,700. From this figure, it follows that the cost per patient per day was 6/3d. and the cost per bed per annum (on a basis of 65 beds) was £72 6s. Both these figures are very low and are bound to rise considerably with the new extension and alteration.

DISINFECTIONS.

541 houses were disinfected after removal or isolation of infectious disease and sixty-five houses after the death or removal to hospital of phthisis cases. The steam disinfector at the hospital was used for 419 charges including the infected clothing and bedding from the houses of infectious cases and from the hospital wards, and the laundry from Whinney House Hospital. The latter is subsequently laundered by a private firm.

JAMES GRANT, M.D., D.P.H.,
Medical Superintendent.

WHINNEY HOUSE TUBERCULOSIS HOSPITAL. ANNUAL REPORT FOR 1936.

This hospital was opened in June, 1926, for the treatment of Pulmonary Tuberculosis in an intermediate stage of the disease, the isolation of advanced infectious cases and observation of doubtful cases.

GENERAL STATISTICS.

Table of Admissions, Discharges and Deaths.

		In Sana- torium, 1/1/36	Ad- missions	Dis- charges	Deaths	In Sana- torium, 31/12/36
Pulmonary Tuberculosis	TB + M	22	45	38	8	21
	F	7	33	25	5	10
	Ch	1	—	1	—	—
	TB - M	4	14	14	1	3
	F	4	9	8	—	5
	Ch	1	2	2	—	1
Non- Pulmonary Tuberculosis	M.	—	4	2	—	2
	F	—	1	—	—	1
	Ch	—	—	—	—	—
Observation Cases	M.	—	1	1	—	—
	F	—	—	—	—	—
	Ch	—	—	—	—	—
Totals	M.	26	64	55	9	26
	F	11	43	33	5	16
	Ch	2	2	3	—	1
Total	.....	39	109	91	14	43

(a) **Beds available** 44 (27 males, 17 females).

(b) **Patient Days in 1936.**

Males	9678
Females	5702
Children	313
Total	— 15,693

The number of days in hospital of bed patients (*i.e.* patients having at least two meals in bed)—10,502.

(c) Average duration of stay in Hospital.

(1) excluding patients in residence under 28 days.

85 patients stayed 12,891 days.

Average of 151.66 days.

(2) including patients in residence under 28 days.

20 other patients stayed 253 days only.

Average of 125.1 days.

(d) Average number of beds occupied during the year—42.6.

The lowest number occupied at any time was 39.

(January 1st—5th, 1936).

**Comparative Number of Admissions and patient days 1930-1936
Patient Days.**

	Patients				
	Admitted	Males	Females	Children	Total
1930	143	9732	4619	683	15034
1931	154	9068	5012	314	14394
1932	134	9222	5876	139	15237
1933	163	9459	6019	135	15613
1934	143	9424	5902	412	15738
1935	122	9694	5700	331	15725
1936	108	9678	5702	313	15693

In April, 1932, two extra beds were added bringing the accommodation from 15 to 17 beds for females.

HOSPITAL TREATMENT.

The hospital is equipped with an X-Ray apparatus, and all modern methods of treatment are undertaken with the exception of major surgical operations.

These major operations, when deemed necessary, are performed at the Newcastle General Hospital.

The following is a short resume of some of the work done at the hospital during 1936 :—

(a) Pneumothorax Treatment.

During the year 10 new cases of pneumothorax were induced at the hospital, and these together with 17 old cases were given 272 refills.

The condition of these 27 patients at the end of the year was as follows :—

Quiescent	11
Improved	9
No material improvement	5
Died	2

Of the two patients who died, one was as a result of an operation for division of adhesions, and the other, after only 6 refills, developed a spread of disease to his better lung and the treatment had to be discontinued.

Two other patients, besides the above who died, have had adjuncts to their pneumothorax treatment, one having Phrenicectomy performed and the other a Plombage operation to compress an apical cavity not collapsed by the pneumothorax. Both these patients are doing well.

Of the 27 patients treated during the year 17 were still continuing their treatment at the end of the year.

(b) "Gold" Treatment (Sanocrysin, Solganal B. etc.)

18 patients were treated during the year with gold salts, and a total of 171 injections were given in all.

This form of treatment is still being found of use in selected cases and some good results have been obtained, especially with Solganal B. Oleosum. This latter gold salt does not appear to give the same reactions found with Sanocrysin, and fewer sequelae occurred to interrupt treatment.

(c) Tuberculin.

Only one case was treated with tuberculin (a case of renal tuberculosis), and this case was still in residence at the end of the year. Treatment is being continued.

X-RAY DEPARTMENT.

The following X-Ray examinations were made during the year :—

(a) Dispensary Patients.

A clinic is held once a week at the hospital when dispensary patients attend for X-Ray examination. During 1936, 325 films were taken and 407 screen examinations were made on these patients.

(b) Hospital Patients.

114 films of hospital cases were taken during the year, besides numerous screen examinations, a record of the number of which is not available.

STAFF OF HOSPITAL.

The Clinical Tuberculosis Officer is the Resident Medical Officer. There is then a complete liaison between the hospital and the Tuberculosis Dispensary system. In this way, cases on discharge are kept under continued observation, and in the case of patients receiving pneumothorax treatment, their treatment is carried on at the hospital as out-patients.

There is a nursing staff of 7 consisting of Matron who is general trained and state-registered and who in addition has her C.M.B. and House-keeping Certificate, one Sister (general trained), one Staff nurse (fever and tuberculosis trained), 1 assistant nurse and 3 probationers (all uncertificated).

The domestic staff consists of 1 Cook, 2 housemaids, 1 dining-room maid, 2 ward maids and 1 kitchen maid.

In addition there is a resident outside staff of 1 porter and 1 gardener with a non-resident assistant.

This staff has been found to be sufficient for the needs of the hospital up to the present time, but with the institution of an 8 hour working day for both nursing and domestic staffs, and the increase of 4 beds which will take place at the beginning of 1937, extra staff will be required. It is proposed to engage one extra probationer nurse and three morning workers on the domestic staff. With this extra staff it will be possible by giving additional off duty time, to bring the hours of work down to an average of 48 hours per week.

HOSPITAL ACCOMMODATION.

The hospital consists of a converted mansion standing in 22.15 acres of semi-wooded ground and has accommodation for 44 beds arranged in 9 wards.

There are 5 wards for men on the ground floor, viz. :—

Ward 1.	18 ft. × 24 ft.	6 beds	72 sq. ft. per bed.
Ward 2.	18 ft. × 28 ft.	6 beds	84 sq. ft. per bed.
Ward 3.	14 ft. × 21 ft.	4 beds	73 sq. ft. per bed.
Ward 4.	18 ft. × 27 ft.	7 beds	69.5 sq. ft. per bed.
Ward 5.	18 ft. × 16 ft.	4 beds	72 sq. ft. per bed.

Total 27 male beds.

On the first floor there are 4 wards for women.

Ward 6.	18 ft. × 21 ft.	6 beds	63 sq. ft. per bed.
Ward 7.	19 ft. × 26 ft.	6 beds	82 sq. ft. per bed.
Ward 8.	10 ft. × 11½ ft.	1 bed	115 sq. ft. per bed.
Ward 9.	21 ft. × 13⅔ ft.	4 beds	71 sq. ft. per bed.

Total 17 female beds.

HOSPITAL ALTERATIONS AND EXTENSIONS.

During the latter part of the year under review extra rooms have been added to the hospital building to serve as new quarters for the Matron, consisting of a sitting-room and two bedrooms. This will release her original sitting-room which will be utilised next year as another ward for 4 female patients, thus bringing the total of beds for females to 21.

In addition during 1936 there have been open-air rest shelters erected on the open ground facing the hospital to allow patients to take their prescribed rests out of doors instead of coming into the wards and lying on their beds as heretofore.

These shelters have been built to the following dimensions :—

Four shelters each 28 ft. long to accommodate 20 men.

One shelter 67 ft. long to accommodate 12 women.

COST OF MAINTENANCE 1936.

Actual expenditure 1936, £5,219 (including loan charges of £1,078).

Cost per bed (per annum), £118 12s. 3d. (£2 4s. 10d. per week).

Cost per patient per day 6/7½d.

S. D. ROWLANDS, M.D., D.P.H., B.Hy

*Clinical Tuberculosis Officer and
Resident Medical Officer.*

HIGH TEAMS INSTITUTION—HOSPITAL WARDS. ANNUAL REPORT FOR 1936.

GENERAL STATISTICS.

Table of Admissions, Discharges and Deaths.

Classification.	In Hos- pital 1/1/36	Admis- sions	Dis- charges	Deaths	In Hos- pital 31/12/36
Acute Infectious Disease	2	13	11	1	3
Influenza	2	7	5	2	2
Tuberculosis—Pulmonary	34	88	53	36	33
Non-Pulmonary	17	21	19	11	8
Malignant Disease	10	63	15	50	8
Acute Rheumatism	2	32	30	1	3
Non-Articular—Rheumatism	3	2	1	—	4
Chronic Arthritis	6	6	5	1	6
Venereal Disease	—	10	6	4	—
Puerperal Sepsis	—	—	—	—	—
Other conditions associated with Pregnancy and Child- birth	3	40	34	5	4
Mental Disease—					
(a) Senile Dementia	57	60	23	22	72
(b) Other	15	82	79	4	14
Senile Decay.....	6	50	21	29	6
Injuries and Accidents	2	67	48	12	9
Other Nervous Diseases	2	59	47	12	2
Other Respiratory Diseases ...	12	108	70	32	18
Other Circulation Diseases ...	14	183	87	91	19
Other Digestive Diseases	6	37	32	1	10
Other Genito Urinary Diseases	2	41	25	12	6
Other Skin Diseases	8	69	72	—	5
Other Diseases	69	65	119	3	12
Maternity Wards Mothers ...	1	33	31	—	3
Babies ...	1	33	28	—	6
	274	1169	861	329	253

Most of these cases are of a chronic type. Quite 90% of those discharged are relieved and leave the hospital in a definitely better condition than when they arrived. We still find quite a number of cases admitted who were suffering from general

debility,—I think due to lack of food sometimes, but in the majority of cases, unsuitable food. The deaths are high as so many cases are received into the hospital in such a condition that it is impossible to do anything for them, quite a number being in less than 24 hours.

MATERNITY.

It seems a pity that greater use is not made of this section. The Maternity Ward is to my mind the best ward in the building ; the facilities for confinements are extremely good, and certainly better than any maternity hospital in the district. Apart from the medical staff, all the sisters with two exceptions have the certificates of the Central Midwifery Board, and are capable of undertaking any normal delivery. Our average of cases delivered is still under one per week.

OLD MEN AT THE SCHOOLS BLOCKS.

I still think that quite a number of these old men, who are standing, sitting and wandering about most of the day, would be infinitely better in every possible way, if their time could be occupied in some fashion. One sees certain of them going around looking for something to do, but the majority of them are idle from the time they get up in the morning.

STAFF.

The hospital is staffed by the Senior Resident Medical Officer, Dr. L. L. Westrope, the Assistant Medical Officer, Dr. Sharpe, Superintendent Nurse, Miss Thirkell, her assistant, Home Sister, Night Sister, 7 Ward Sisters, a variable number of staff nurses, 27 probationers and 6 assistant nurses ; the latter had to be introduced during the year owing to the impossibility of securing the right type of probationer nurse.

In addition, the hospital is visited by Professor Hume, Senior Physician to the Royal Victoria Infirmary, and Mr. Pybus, Second Senior Surgeon of the same institution. Mr. Pybus visits regularly once a week and does such operations as he considers it advisable with the limited material at his disposal. He has unfortunately, owing to this fact, to take certain cases to the Royal Victoria Infirmary for operation. I say "unfortunately," because our staff have not the opportunity of either witnessing the operation or the immediate after nursing. This must continue until such time as we are thoroughly equipped with Theatre X-Ray and modern Theatre equipment.

Nurses are trained for their State Examinations, lectures being given by the Resident Medical Staff and Miss Thirkell and her assistant, who is also Sister Tutor, while they receive practical instruction from the Ward Sisters and Senior Nurses. The results of the examinations are not good and are definitely getting worse. This is due to the fact that hospitals round about us are so efficiently equipped that they have waiting lists from which they can select the best type of girl, while we, because of limited facilities, and lack of decent home conditions, have the utmost difficulty in getting any type. We find a decreasing inclination of the part of the probationer nurses to apply themselves to the study necessary. The results have proven over and over again, that the girls who do conscientiously apply themselves and do a reasonable amount of honest graft, always get through their examinations the first time, but unless they do so, the results must remain as they are to-day. Personally I think it is a mistake for the Committee to pay any fees in the first instance, they are still paying fees for the preliminary examination. I think it would be infinitely better if the fees were refunded to the nurses if they were successful, for this to my mind would be an incentive and give them something to work for.

During the year we have had installed an Electrocardiograph, which is of material benefit in enabling us to make correct diagnosis in Heart Lesions. With regard to this instrument, it would be a decided improvement if the two medical wards could be wired up, the cost of which would be small while the benefit would be tremendous, as it would obviate the necessity of taking patients to the instrument as we have to do just now. Some of the patients are so ill that we have to wait until they are recovered somewhat before it is advisable to take them to the machine.

Accommodation available in the Hospital Blocks.

Males	169	beds.
Females	133	„
Children	38	„
Maternity	12	„
		<hr/>
		352 beds.
		<hr/>

L. L. WESTROPE, M.D.,
Medical Officer.

NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

[illegible]

APPENDIX.

TABLE II.

NETT NUMBER OF DEATHS, arranged according to Ages and Wards, during the Year 1936.

	Total.	Males.	Females.	Years 0-1	Years 1-2	Years 2-5	Years 5-15	Years 15-25	Years 25-45	Years 45-65	Years 65-75	Years 75 up	North Ward	North East Ward.	North West Ward.	Central Ward.	East Central Ward.	South Central Ward.	West Central Ward.	East Ward.	South Ward.	West Ward.	Inward.	Outward.	TRANS-FERABLE DEATHS
First Quarter.....	515	273	242	72	15	18	9	16	43	141	124	77	34	62	58	65	67	35	47	58	43	46	70	24	
Second Quarter	378	192	186	40	12	13	15	23	43	92	82	58	32	39	46	46	57	25	38	28	35	32	55	19	
Third Quarter	319	160	159	38	4	4	10	13	34	97	67	52	22	39	47	30	32	29	27	34	28	31	52	19	
Fourth Quarter	366	200	166	37	2	8	5	20	33	112	73	76	32	27	47	45	62	32	15	37	35	34	45	11	
Totals	1578	825	753	187	33	43	39	72	153	442	346	263	120	167	198	186	218	121	127	157	141	143	222	73	
Rate per 1,000 of Population	13.2	—	—	—	—	—	—	—	—	—	—	—	12.4	16.1	14.8	16.5	17.6	10.7	11.8	11.1	11.3	10.4	—	—	

APPENDIX.

TABLE III.

NOTIFIABLE INFECTIOUS DISEASES.

DISEASE.	Total.	Males.	Females.	AGE GROUPS.											WARDS.												
				Under 1 year.	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 upwards.	North.	North East.	North West.	Central.	East Central.	South Central.	West Central.	East.	South.	West.	High Teams Institution.	Children's Hospital.
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever.....	356	163	193	2	6	23	23	24	164	63	23	21	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	151	61	90	1	5	12	8	13	56	31	5	12	7	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	4	3	1	—	—	—	—	—	1	—	1	1	1	—	—	—	3	—	—	1	—	—	—	—	—	—	—
Puerperal Fever	5	—	5	—	—	—	—	—	—	—	—	4	1	—	—	—	1	—	—	—	4	—	—	—	—	—	—
Puerperal Pyrexia	6	—	6	—	—	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	1	2	—	—	—	—	—
Erysipelas	72	31	41	3	1	1	—	—	1	1	—	12	14	25	14	—	7	1	4	8	12	6	8	9	—	—	—
Acute Polio Myelitis	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Cerebro-Spinal Meningitis	2	—	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Polio-Encephalitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	10	6	4	10	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	4	—	—	—	—	—
Pneumonia	105	62	43	5	7	3	3	4	12	6	12	19	9	12	12	13	8	6	12	11	10	6	10	2	1	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	712	327	385	22	20	40	34	41	234	101	41	72	41	39	27	38	47	56	66	81	106	64	96	12	3	—	—
Tuberculosis :—																											
(a) Pulmonary	225	125	100	1	—	1	2	1	23	15	30	63	26	54	9	14	23	33	13	11	31	17	24	3	—	—	—
(b) Other Forms	71	36	35	3	2	3	1	4	13	17	7	13	2	6	—	10	5	7	8	7	8	1	9	—	—	—	—

TABLE III.

NOTIFIABLE INFECTIOUS DISEASES.

[illegible]

